

reducal STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE miner, - STATE CERTIFICATE OF DEATH Wines REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH 31-82 (TYPE OR PRINT) LOLA M BLADES 77 10 31 4 RACE 1 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAYS 23,1896 Female Caucasian March 86 . BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U. S. Maryland Talbot WIDOWED DIVORCED [ ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY Easton Memorial Hospital Home LIGUAL RESIDENCE HE NUR 30 STATE COUNTY Denton 13d. INSIDE CITY LIMITS? Knife Box Road Maryland Caroline YES [ NO DI 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST AUDDLE FIRST MIDDLE Griffith Charles Fountain Amanda. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT I LIF YES, GIVE WAR OR DATEST LYES NO OR UNKNOWN) No 222140911D Mrs. Mary Ellen Hutson. Chester, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) threstain PRESTON DUE TO, OR AS A CONSEQUENCE OF arterios lorotic Reart disease Conditions, if ony, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygiene 10-25-82 the Breast ancinoma of NO F sho 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED ö 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 10-19 19 8 2 , and that in (my) (our) opinion death occurred on the date and hour and from the couses stated saw the deceased alive on \_\_ 10 - 30 obove, ( ( (we) (did) (did not) view the body after death. 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL Should be detoc Robert W. Trever, M. D STAFF 10-31-82 DIRECTOR PHYSICIAN MPORTANT: PHYSICIAN | 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Box 297 Easton, Md. 21601 RD3Robert W. Trever, M.D. 230. BURIAL CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OF TOWN Burial Denton Cemetery Denton Camoline 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4) Moore Funeral Home Denton, Md. 21629

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 2b HOUR L DECEASED NAME FTYPE OR PRINT 12:20AM 1982 October 26 Melvin Bradlev Dalema 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 5 DATE OF BIRTH SEX MONTH DAYS HOURS 1. 1883 White Female Mav 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Talbot USA Maryland DIVORCED 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 20 USUAL OCCUPATION 176 KIND OF BUSINESS OR 18 CITY OR TOWN OF DEATH Bridian Wursing Center (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Easton Homemaker MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13o. STATE 136 COUNTY 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 312 Main Street Maryland Dorchester Hurlock 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE FIRST MIDDLE Andrew Melvin Simpon Sarah AROTES Somerset Ave. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? BALTIMORE. 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Cambridge . MD 212-12-3873 Evelyn B. Trice No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c). PART L DEATH WAS CAUSED BY Cerean IMMEDIATE CAUSE (0) DIVISIÓN OF VITAL RECORDS, 201 W. PRESTON ST. DUF TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse tot, stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? shows NOT YES [ 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 220.1 certify that (1) this haspital) attended the deceased from 5-29 10 81 10-26 9-14 saw the deceased alive on 9-14 obove, (I) (we) (did not) view the bady after death and that in (my) (our) apinion death accurred an the date and haur and from the couses stated 22c DATE SIGNED DEGREE Robert W. Trever, M. D. ATTENDING MEDICAL 10-26-82 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22a ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) should be Easton, Md. 21601 Robert W. Trever. MD RD3 Box 297 Hurlock Dorchester MDIATE 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL Burial 10-28-82 Unity Washington BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Zeller Funeral Home, East New Market, (VRA 15 (4))

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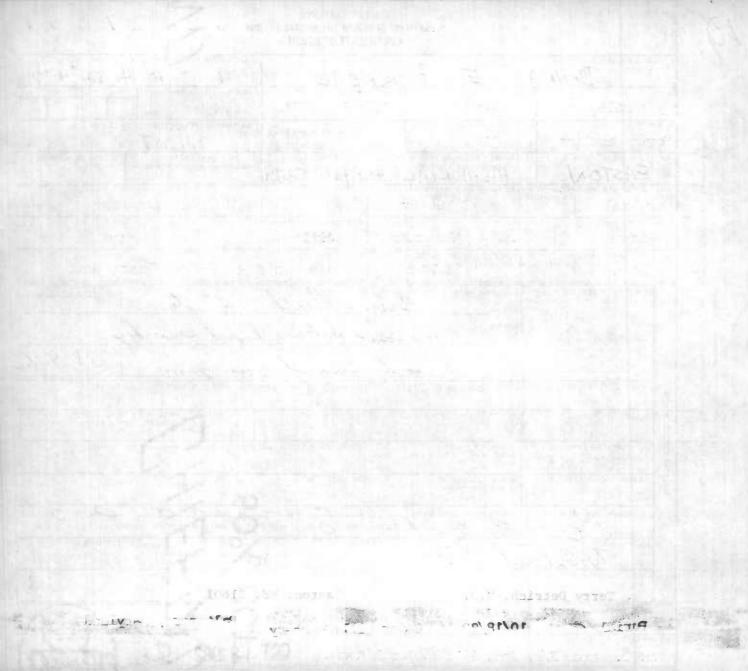
DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or defining physician.  Wher this certificate has been signed by the oftending physician and completely filled in his os the buriol-transt permit. Then please remove corbon papers. Pages 1 and 2 stands in the and Mental Hygiene prior to buriol, cremotion, or removal.  orked or them 18 shows ony injury, or other troumatic event, the medical promiters.		Conditions, if ony, which	DUE TO, (	EnPHY OR AS A CONSEC	SEMF				APPROXIMATE INT BETWEEN ONSET AP	
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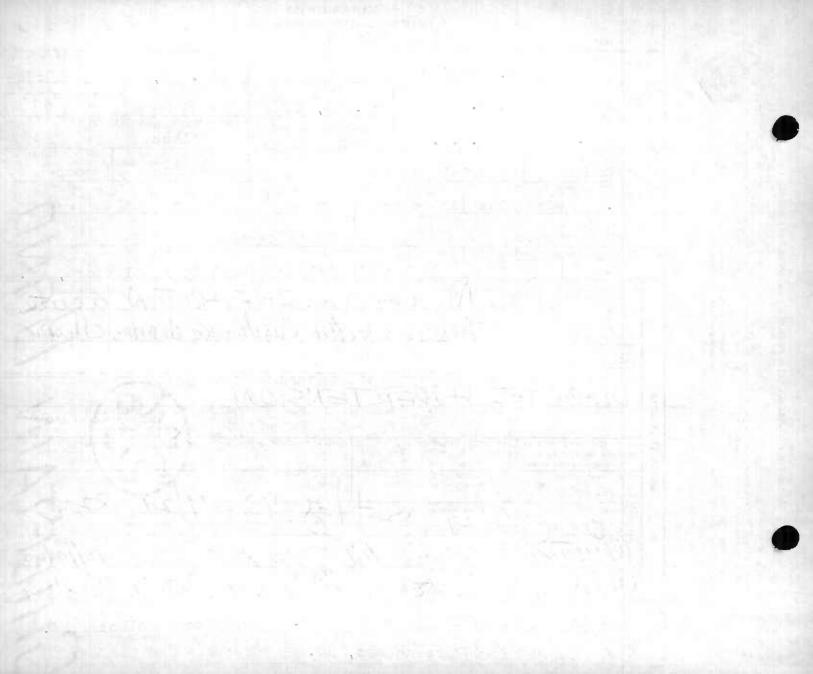
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2

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O HOSPITAL Projected by 18 TO FUNERAL	MPORTANT:		Christian	E. JENSEN	MD 80 BOX	690, DENTON MD 21629
		23a. E	SPECIES Burail		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY ORTOWN COUNTY STATE
		24.5	burall	10-20-82 WO	odlawn Mem. Par	Taibor Mili
DHMH-16 60M 1		74. FI	INERA (DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE
(VR A 15 (4))		1	2/	Greens	boro, Md.	- do 1002 found lawell



	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	2739
CN	{TYP		am MIDDLE HE	Janos	20 DATE OF DEATH MONTH	31-82 11:101
(M)	3. SE	MALE	WHITE	S. DATE OF BIRTH  JULY 25, 190		IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MI
Some of the search Po	7a B	RTHPLACE (STATE OR FOREIGN	U.S.A.	MARRIED A NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF COL	UNTY OF DEATH
1/8		Easton	Memorial Hes	pital at Eastor	120. USUAL OCCUPATION CTYPE OF WORK FOR MOST OF WORK TRUSK DRIVE	INDUSTRY CONSTRUCT
filled in ould be month	13a. 1VL	AL RESIDENCE (IF NURSING HON STATE ARYLAND 136.C	NE OR OTHER INSTITUTION, GIVE RESIDENCE OF THE PROPERTY OF THE	OWN 13d. INSIDE CITY LIMITS?  YES \( \text{NO} \) NO \( \text{X} \)	13e. STREET ADDRESS	
ompletely 1 and 2 sh			ESSE DUKES LAST	15. MOTHER'S MAIDEN N. NELLIE	WHITBY	LAST
icion ond co	16a	WAS DECEASED EVER IN U.S. YES, MOODUNKNOWN) (IF YES	GIVE WAR OR DATES)	2-7490 WILLIAM J	ADDRES NEWC	J ~ 1 U ]
equires that the death ce in signed by the ottending Then please remove carb to buriol, cremotion, or r injury, or other troumotic.	z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC		minal disease or condition	N GIVEN IN PART 1(a)
hos bee permit.	CERTIFICATION	198 DATE OF OPERATION	19% CONDITION FOR WHI	ICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO
L OR ATTENDING PHYSICIAN: The haspital or attending physicia L DIRECTOR: After this certificate stacked for use as the burial-transit is Dept of Health and Mental Hygis: If them 21 is marked or them 18 she is them 21 is marked or them 18 she is them 21 is marked or them 18 she is them 21 is marked or them 18 she is them 21 is marked or them 18 she is them 21 is marked or them 18 she is them 21 is marked or them 18 she is them 21 is marked or them 18 she is the marked or the	MEDICAL CERT	saw the deceased alive	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	DAY YEAR 19 211. LOCATION STREET  19 22., ond that in (my) (our) opinion DEGREE ATTENDING	CITY OR TOWN  To 10 / 3/  n death accurred on the date and	d hour and from the couses stated
HOSPITA bined by FUNERA buld be de th the Stot		226. PHYSICIAN'S NAME (T	YPE OR PRINT;	PHYSICIAN PHYSICIAN	, ,	11/0/20
BP HMH - 16 50M 4/82 (VRA 15, 4)		BURIAL CREMATION, REMO	VAL 23b. DATE NOV. 2, 1.98	2 WOODLAWN WEM.	PARK EASTON ATEREC'D. BY PEGSTRARITA	COUNTY STATE  TALBOT WARYALE  CUSTRAR S. E.

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3 2	FOR 1 - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	27392
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hin 24 shauld shauld	130. STATE	G HOME OR OTHER INSTITUTION, GIVE RESIDENCE 36, COUNTY 13c. CITY OR	TOWN 13d. INSIDE CITY LIMITS?  YES NO 1  15 MOTHER'S MAIDEN N	130. STREET ADDRESS ROLLO # 3	Bay 172 A
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e be exection and ers. Pages	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	1-2886 Elizabel	the Du	Myho m  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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SKCIAN: The ng physician. certificate ha certificate ha rial-transit periol Hygiene Item 18 show	00.000.000.000.000.00	USE OF DEATH HOUR A.M. MONTH	DAY YEAR	YES NO	YES NO
DING PHYSICIAN or ottending physics and the services se os the buriol-tro loth and Mental H marked or Item 18	GRECHITREUTING CALL  (IF EITHER NOTIFY MEDICAL  21d. INJURY OCCURREI  WHILE NOT WHILE AT WORK	D 21e. PLACE OF INJURY	0.10	CITY OR TOWN	COUNTY STATE
TTEN TTOR Torus of He	22a. I certify that (1) (1) sow the eccessed oboxed (1) we) (dic	his hospital) attended the deceased for the condition of		n death occurred on the date and h	nour and from the causes stated
TO HOSPITAL OR A retained by the has should be detached with the State Dept.	HYSICIAN'S NAA	AE (TYPE OR PRINT)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-19-82
HOSI ined old b	TIMALES	1 LONGMORE	PEUD, 6 KIDW	FIL TUES, CFUTPE	TILLE MD 2161
TO HOSPI retained b TO FUNE should be with the Si	23a. BURIAL, CREMATION, RE		23c. NAME OF CEMETERY OR CREMATORY		COUNTY STATE

STATE OF STA The state of the s The third of the state of the state of the control of the state of the A STATE OF THE PROPERTY OF THE The state of the s

23b. DATE

10-15-82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 2h HOUR G. Elliott 19829:40P M October 6. AGE (IN YEARS LAST BIRTHDAY) HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH Talbot 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Box 78 21601 Wiegand RODADSS I Box 78 Margaret D. Lee Easton, Md. 21601 APPROXIMATE INTERVAL 2 NRS

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

STATE

, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

22c DATE SIGNED 6-13-82

23t. NAME OF CEMETERY OR CREMATORY

Tilghman Methodist Tilghman Talbot, Md 256 REC STRAP'S SIGNATURE Easton, Md.

DHMH - 16 60M 1/75

FOR - STATE

TYPE OR PRINT

REGISTRAR

23a BURIAL, CREMATION, REMOVAL

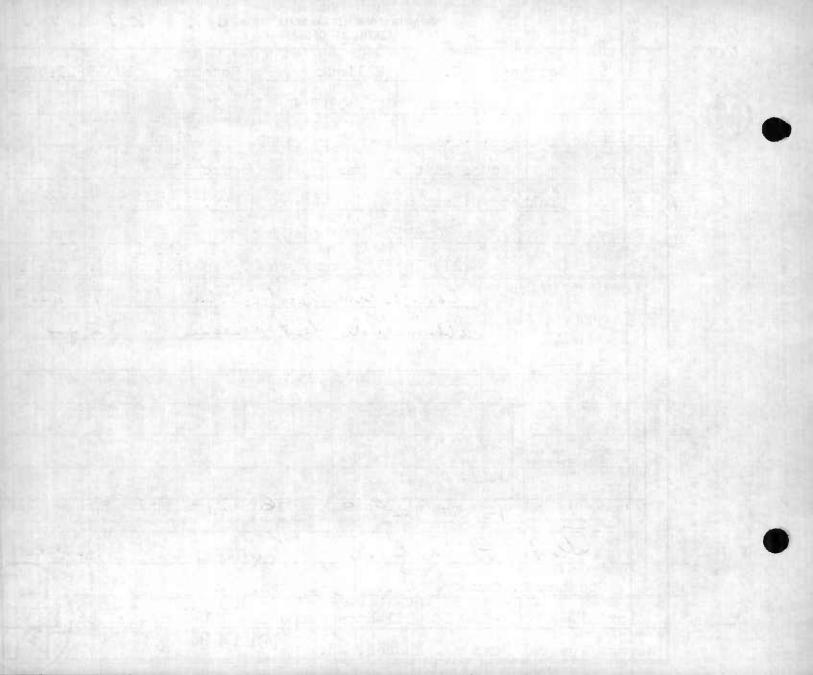
Newnam Funeral Home

Burial

24. FUNERAL DIRECTOR

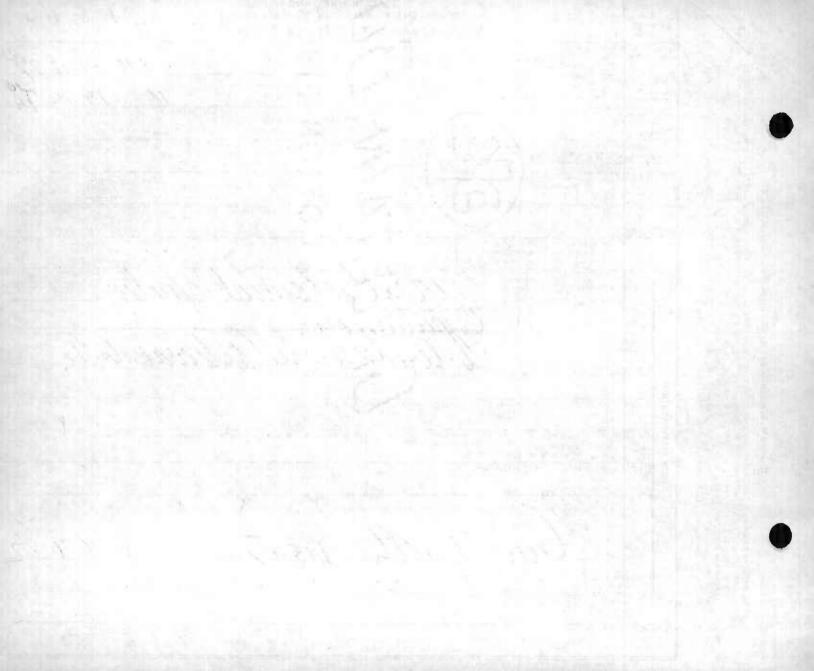
DECEASED NAME

(VR A 15 (4))



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1.	FOR STATE			EALTH AND MENTAL H R'S CERTIFICATE O	E DEATH	610	9 3
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3. SI		5. DATE OF BIR				MONTH DAY	YEAR 2 HOUR
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70.	BIRTHPLACE (STATE OR	76. CITIZEN OF	WHAT COUNTRY? 8	4400ED   VEVED 4400	- 9 BALTIMORE CIT	Y OR COUNTY OF DE	ATH
	ennsylvania	II.S	A	MARRIED NEVER MARRI		o.t	MD
10.0	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOME, (	OR OTHER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE)	TYPE OF WORK 12b. KINE	D OF BUSINESS
S	t. Michaels	,	view Terrace	2	Housewife	OK I	NOOSIKI
	JAL RESIDENCE (IF IN NURSING HO STATE 13b. CC	ME OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE ADMISSION 134. CITY OR TOWN		13e STREET ADDRESS	21663	
		1bot	St. Michae		Riverviev		
14.	FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDE FIRST	N NAME MIDDLE	LA	AST
	Joseph		Ashby	Liza	Jane	Pry	
160.		ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY I		R <sup>DD</sup> 1	,	140
	No		213-74-960	Doris M.	Collins Co		DEVENTE STERVAL
Ņ/	18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU	anly ane cause per ISED BY:	link to (a) (b) and (c)	YCIRA ALIN	in Ulules	Alling SETWI	EN CHEET AND DEATH
	4100 IMMEI	DIATE CAUSE (a)	CONSTRUCTION OF CHILD	go cum	ur jugara	with	
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	gave (ise to immedicause (a) stating the und		OSAN A COMSEQUENCE OF	0	11.1	11	7
	lying cause last.	1 1	Thillian	Mholis	Krall or4	Kulas	>
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NO NO				3.			
CERTIFICATION	19a. DATE OF OPERATION	19b. COP	NDITION FOR WHICH OPERA	TION WAS PERFORMED?		20. AL	JTOPSY?
RTIFI						YE	S NO 🗆
		HOUR	OF INJURY A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITE	4 18 PART 1 OR PART 2)	1
MEDICAL	CONTRIBUTING CAUSE		P.M. 19 CE OF INJURY (AT HOME,	21f. LOCATION			
MEC	WHILE NOT WHILE AT WORK		FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK	7					
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	death resulted from:	brung/enures A.	Accident L. Suici	de 🔲 , Harnig/de 🔲	Indetermined manner	٦,	
	ACTUAL T	111,01	1/KAPT	The Spyley	7,	DATE IN	30 62
	SIGNATURE	mic	Vinon	-MD DYMAN	MEDICAL EXAMINER	SIGNED	NOC
-	EXAMINER'S NAME TYPE OR PRINT)	. Lane	Wroth, M.D.	ADDRESS St.	Michaels.	Md.	
230.	BURIAL CREMATION REMOVA			TERY OR CREMATORY	236. LOCATION CITY OR TOWN	COUNTY	STATE
	Burial	11-2-8	2 Mt. Hop	oe Cemetery	Aston	Delawar	e PA.
24.	FUNERAL DIRECTOR	1 IT ADD	RESS		REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATU	RE
	Newnam Fune	ral Hom	e Easton	Md. Market w	4000 (/14	7 6 2 . 9	89



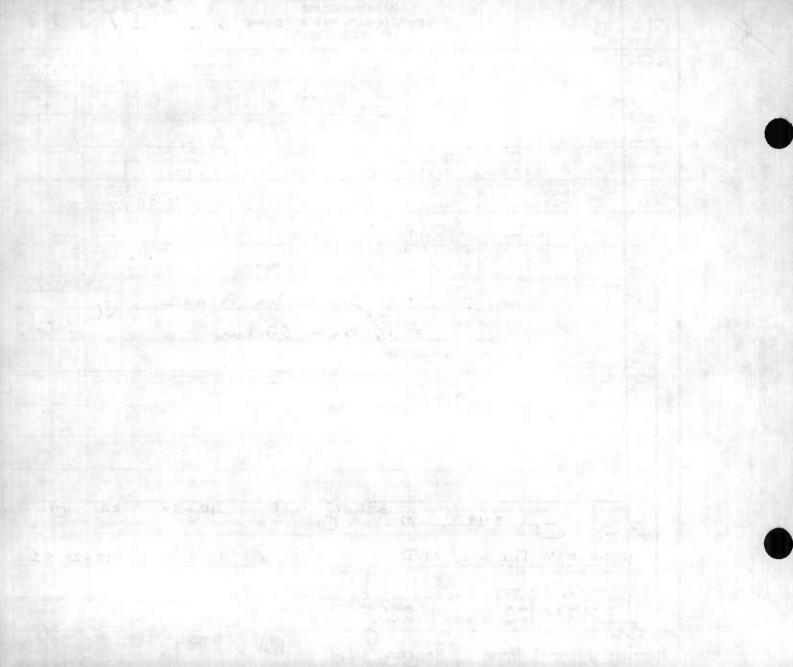
	1	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 8 2	2739
6		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	D.
# E		CEASED NAME FIRST	MIDDLE	Grace	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 10-26-82 12
A CA	3. SEX	man (a)	1. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS  YRS.
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ires that the death gned by the ottend n please remove co burial, cremation, o		gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEC	DYSMYELO  DUENCE OF  DEATH BUT NOT RELATED TO THE TERM		
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in. hos been s permit. The	IFICATIO	198 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

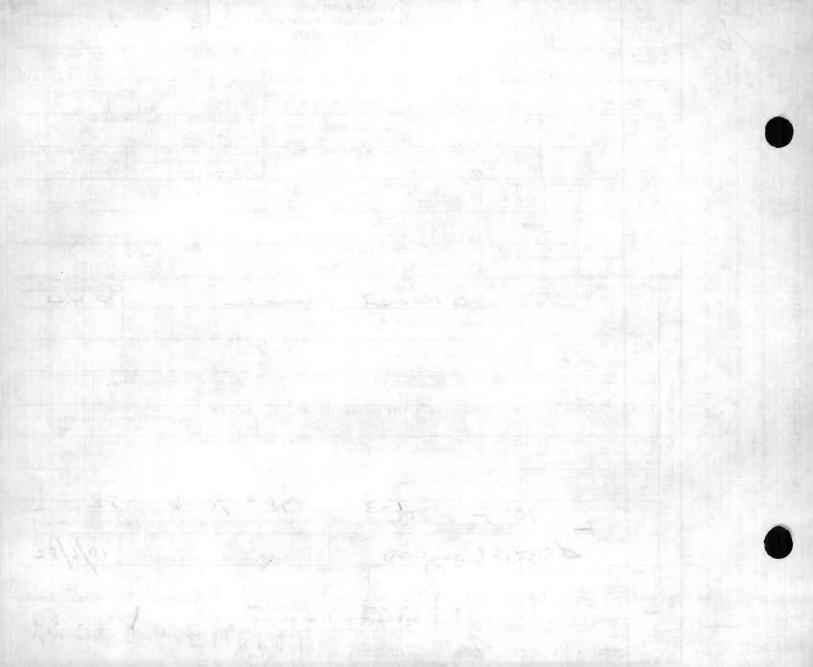
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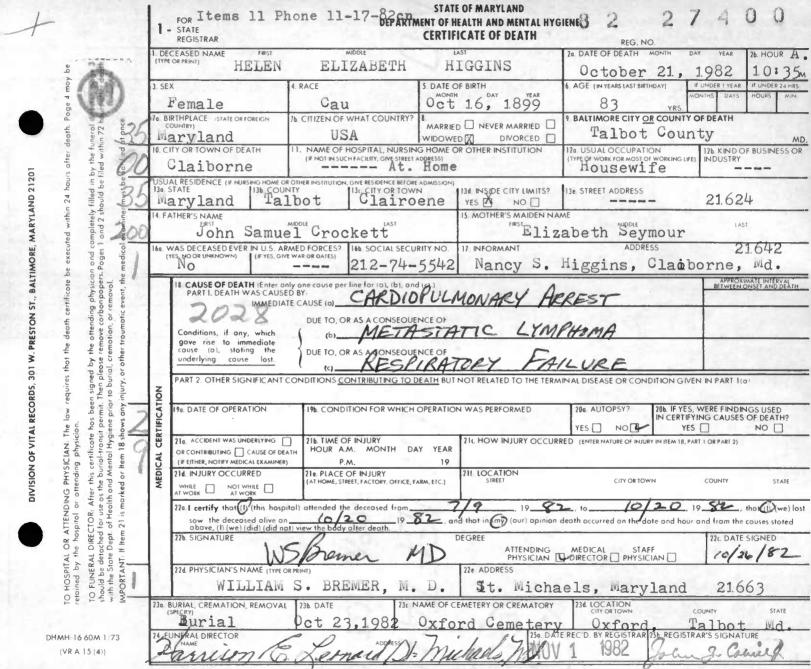
- STATE



	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 2	7 3 9 8
		CEASED NAME OR PRINT)	MIDDLE MIDDLE	Harri son	20. DATE OF DEATH MONTH DI	1-82 630
	3. SE)	FEMALE	4. RACE WHITE	5. DATE OF BIRTH 000 T. 23,1899	6. AGE (IN YEARS LAST BIRTHDAY) IN MEDICAL STREET OF THE MEDICAL S	FUNDER 1 YEAR IF UNDER 2 HRS. DNIHS DAYS HOURS MIN.
35°	Te. BII	RTHPLACE (STATE OR FOREIGN OUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY O	OF DEATH MD.
Natified Natified	10 CI	Caston	11. NAME OF HOSPITAL, NURSIN	ADDRESS) HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	126. KIND OF BUSINESS OR INDUSTRY HOME
5775	13e. S		E OR OTHER INSTITUTION GIVE RESIDENCE BEFOR DUNTY 13c CITY OR TOW BOZMAN	E ADMISSION)  13d. INSIDE CITY LIMITS?  YES \( \text{VES} \) NO \( \text{X} \)	13e. STREET ADDRESS 21.61.2	
SEOC	14. FA	THER'S NAME FIRST CLARENCE	CHRISTOPHER	15 MOTHER'S MAIDEN NO FIRST	MICHAMP	LAST
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r to burial, cremation, or rem injury, or other traumatic eve	NOI	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF	MINAL DISEASE OR CONDITION GIVE	N IN PART NO
Ngiene prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, IN CERTIFY YES NO X	WERE FINDINGS USED ING CAUSES OF DEATH?
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orked or	WED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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ut. If hen		22b. SIGNATURE	· BCano		MEDICAL STAFF DIRECTOR PHYSICIAN	10-Y-P
with the State		Stephen P	Carney, M.D.	Easton Md	. 21601	
≤		BURIAL BURIAL	OCT.5. 1982	NAME OF CEMETERY OF CREMATORY BOZMAN METH CE		COUNTY STATE
/80	2	weral director 60	Leonard, At	pichaels MOC	TE REC'D, BY REGISTRAN 256, DEGISTR	ATS SCHATURELY

A Linewick II 10 9.82 15,16991 A.E. J. LIKALITEA Teelbert. Eastern I Men rich Hospital Standage M. Commission of the Commission of the Charles of the Commission of the Com BUREAU CAMPAGE CALLED TO THE PROPERTY OF THE P





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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE A

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Easton, Md.

FOR

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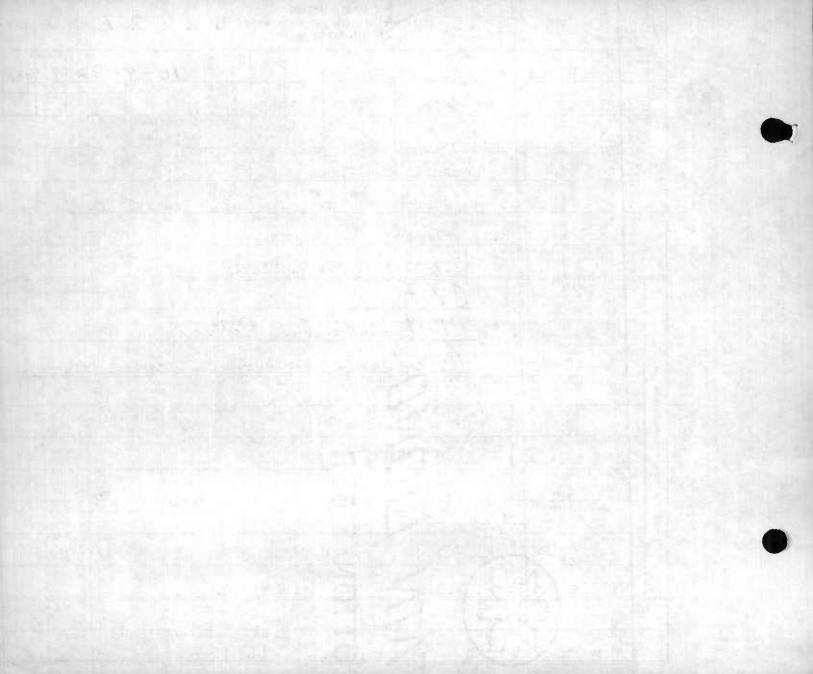
Newnam Funeral Home

STATE OF MARYLAND

CERTIFICATE OF DEATH

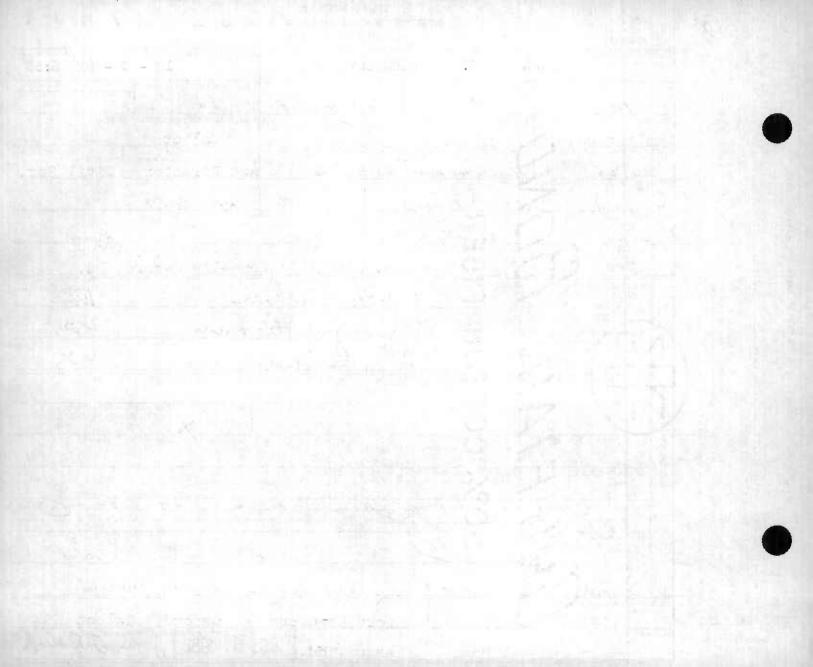
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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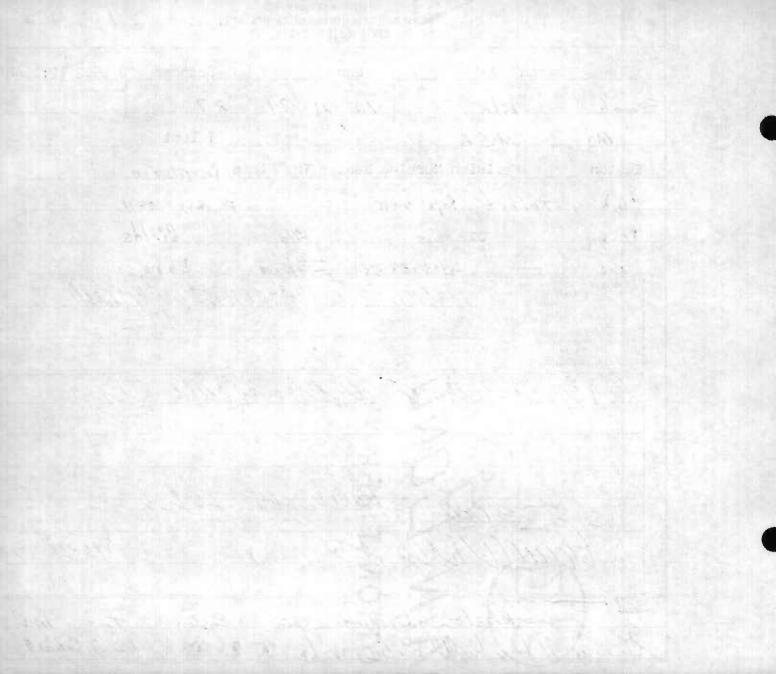
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STATE OF MARYLAND



	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYS	- AVA 7: A	2/	0 3
	1,58	CEASED NAME FIEL		MIDDLE		AST	THE DATE OF DEATH		M IN HOUR
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1 1	3.5E		4 RACE	100	3. DATE C	FBRTH	& AGE IN YEARS LAST BIRT	The same of the sa	the state of the same
1 1	H	6	PIL		month.	21 94	02	MONTHS 0	MATE PROUBLE MINE
THE PLANT	Ja B	RTHPLACE STATE OF FOREIGN	7% CITIZEN DI	WHAT COUNTRY!	1	- week and white	V BALTIMORE CITY O	R COUNTY OF DEAT	н
<b>計、陰和連26</b>	1	MA	111	H	WIDOWE	DI DNORCED I	Talbot		AUT
10	18. C	TY OR TOWN OF DEATH			G HOME C	ROTHER INSTITUTION	13v: USUAL OCCUPATI	ON: Thickle	NO OF BUSINESS OR
13 170		Easton	Meridi		ng Ca	nter The Pir	EB Domes		TRY
1 1 1RA	ilan.	AL RESIDENCE IN HUBSHIS HE STATE TIME	OUNTY COUNTY	IJL CITY OF TOW	N. MINISTONI	134 INSIDE CITY LIMITSY	134 STREET ADDRESS		
5 24 5 mm	1	ATHER'S NAME	0/604	1 Kay 2 1 00	1/	YES NO I	Po. Bux	384	100
17 200	1	P.	MIDDIA	- 6 (11)		Ella	MODII P	0.11-	LAU
-	Téa. V	VAS DECEASED EVER IN U.	5 ARMED FORCES?	166 SOCIAL SECU	EITY NO.	17 INFORMANT	ADDWE	2007	
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10 mm	z	PARTE OTHER STORY	1 en el	I L II I I	DEATH	SIGT RELATED TO THE TENA	MINAL DISEASE OR CON	DITION CHEN IN PAI	The state of the s
	CERTIFICATION	19 DATE OF OPERATION	LIB CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	ZBE AUTOPSY?	JUE IF YES, WERE FE	NDINGSTISED
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P P D T	ER	71a. ACCIDENT WAS UNDERLYIN	G TT 21h TIME	OF INJURY		7H: HOW INJURY OCCUR	RED HATER MATURE COMME	- And	NO []
1 3 1 1 8 4		OR CONTRIBUTING CAUSES	OF DEATH HOUR A	A.M. MONTH D		The state of the s	THE PERSON OF THE PERSON	MINISTER CON VERIGIE	M
	MEDICAL	214 INJURY OCCURRED		P.M. E OF INJURY	19	211 LOCATION			
d d d	WE	WALE I'T HOT WHILE I'	Translation of	TREET, FACTORY, OFFICE, F	ARM, ETC.)	sing	CITY ON TOY	S / could	STATE
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Hong Man	L	270.1 certify that (1) (the	8.00	day sed from	21.73	10/00	10 60	19.00	, that (1) [swey last
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Pop a de la company de la comp		22h SIGNATURY	/1	/ n/V	1	ATTENIONS	A MEDICAL STAT		DATE SIGNED
42 466		11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	(11/1/	nous	, 1	A Company of the Association and the Company of the	MEDICAL STAF	IAN [ /0	.W.85
MATA Y		THE PHYSICIAN'S MAME	THE CHIPMENT	1	1	22: ADDRESS			
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1 ×413	73a.	WRIAL CHIMATION, REMC	STAD ALL TAVO	23c.1	NAME OF C	EMETERY OR CREMATORY	734 LOCATION CITY OF TOWN	COUNTY	STATE
BP	1	THE STATE OF THE S	10/23	182 1	Senker	lds Com.	En tou	To-	md
H - 16 60M 1/75	24 F	UNERALDIRECTOR	0 1	1. 0000	1		E REC'D. BY REGISTRAR	256 REGISTRAR'S SIG	NATURE
VR A 15 (4))		The care V	111.6	010	Tie	2000 00	T 2 6 1982	Joan &	Cahrela

STATE OF MARYLAND



Newnam Funeral Home

MARYLAND 21201

BALTIMORE,

W. PRESTON ST...

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

AND THE SECOND Tree of the same EASTON THE MEMORIAL HOSP Mesman Funoral Home : Ensuon Md. 21404 [617] Ville

5		FOR = STATE REGISTRAR		RTMENT OF H	OF HEALTH AND MENTAL HYGIENE 8 2 2 7 4 0 REG. NO.						
1		CEASED NAME FIRST GEORGE	e E.	Ma	uer. Sr.	MONTH DAY	1982 2h	HOUR P			
1	3 SE		4 RACE Caucasian	5. DATE C		6 AGE (IN YEARS LAST BIRT	MONT	DER I YEAR IF	UNDER 24 HRS		
35	lo. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF WHAT COUNTE	2Y? 8	NEVER MARRIED		ORE CITY OR COUNTY OF DEATH  Talbot  M				
78		E eston	11. NAME OF HOSPITAL, HUR (IF NOT IN SUCH FACILITY, GUESTI MEMOYIAL HOS	REET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Shoe repair	F WORKING LIFE) IN	2b. KIND OF BI NDUSTRY			
33	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY Tal	NTY 13c CITY OR 1	5WN	YES X NO	13e STREET ADDRESS 635 Gol		ough S	it.		
00		ATHER'S NAME FIRST George	May		15. MOTHER'S MAIDEN NAM FIRST Cather	ine MIDDLE		Nol	1		
e medica	16a \	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	/E WAR OR GATES)		Mabel-Elsi		ssGoldsi Easton	, M.			
ury, ar ather traumotic event, th	7	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.	ally one cause per line for (a), (b), D 8Y.  TE CAUSE (a), CO	DUENCE OF	of the Termi	nal disease or cone	DITION GIVEN IF	APPROXIMATI BETWEEN ONSE  3 AL  19 A			
2 and and	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF	USED DEATH?		
9	MEDICAL CER	71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER TILD INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR		Y IN ITEM 18 PART 1 C	OR PART 2)			
o Day Ked o	WEG	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC		21f. LOCATION STREET	CITY OR TOV		COUNTY	STATE		
u sı ı z wa		27a. I certify that (I) (this haspi saw the deceased alive an above, (I) (westeld) (did no 27b. SIGNATURE	4 Oct 10	82_, on	d that in (my) (our) opinion d	eoth occurred on the do	te and hour and	from the cous			
		22d. PHYSICIAN'S NAME TYPE O	PRINT)	los	ATTENDING PHYSICIAN 2	MEDICAL STAF	F	10-5			
<u> </u>	720 5	Stephen P. (	Carney, M.D.	L NAME OF C	Easton, Md.		-350				
- 1		(SPECIFY)  Burial  UNERAL DIRECTOR			Hill Cem.	23d LOCATION CITY OF TOWN Easton		albot	STALE Md		
31	(7 P)	NAME	neral Home	Easton,	Md. 21601 0C	REC'D. BY REGISTRAR	Jo Cu	S SIGNATURE	rief		

DHMH - 16 50M 1/81 (VRA 15, 4)

this certificate has been signed by the attending physician and completely filled in by the funeral director. page 3 ne burial-transit permit. Then please remave carbonpapers Pages 1 and 2 should be filed within 72 haurs ofter death

should be detached for use as the burial-tronsit permit. Then please remove carbonipal with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov

STATE OF MARYLAND	03		0			12	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0	2	La	1	in the	U	
CEDTIFICATE OF DEATH							

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME FIRST	18-11-	WIDOLE	. ~ '	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR A
	CIAY	4	N	CD	ONAID		10/2	1/82	9:30 M
3 SE	X	4. RACE		5 DATE C		6 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
1	Female	Cau	casian	MAR.	21 1903	79	YRS		Alla.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVERMARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	ter to
	nnsylvania	U.S.	Α	WIDOWE	DIVORCED	TAIDO	or	0.00	MD.
MC	ITY OR TOWN OF DEATH		HOSPITAL, NURS IN THE FACILITY, GIVE STREET.		OR OTHER INSTITUTION	120. USUAL OCCUPAT		126. KIND O	F BUSINESS OR
2	ASTON	the N	remort	Al	NospitAl	Housew			
13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	13t. CITY OR TOW		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		152	202
		gheny	Pittsbu	irgh	YES NO	420 Nor	th Che	stnut	St.
14 FA	ATHER'S NAME FIRST	WIDOLE	ŁAST		15 MOTHER'S MAIDEN NA	ME		LAS	,
	Joseph		Weiga		Kather			Hahr	
	VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR OATES)	166 SOCIAL SECU		17 INFORMANT	ADDR		Box	521
	No		190-24-4	4141	Edward G. 1	McDonald '	Rt. 4,	DOX	JZI
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		line for (a), (b), and	tion 1	110.0	F. 1.		BETWEEN C	17
		E CAUSE (a)	ing	con	of Heart	- l'ailur	(	MU	ekr
. 13	4190	DUE TO, O	R AS A ODNISEDVE	MEE OF	. **	1 11 ,	111	,	
	Canditians, if any, which gave rise to immediate	(d)	NON	1)	with receive	- Myocarde	Morefu	this	Em,
	cause (a), stating the underlying couse last	DUE TO, O	R AS A CONSEQUE	NCE OF			/	30	
		(c)							
z	PART 2. OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	/3	DITION GIVEN	IN PART 110	
ATIO	19g DATE OF OPERATION	LIGH COND	ITION FOR WHICH	PERATIO	N WAS PERFORMED	200 AUTOPSY31	20b. IF YES, V	EDE EINIDIA	ICC HCED
CERTIFICATION	THE DATE OF CHERTION	1111 00110	mortok wilen	OFERATIO	WAS PERIOD ES	YES NO	IN CERTIFYIN	G CAUSES	OF DEATH?
	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	21b. TIME C	FINJURY M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	I OR PART 2)	
CAL	(IF EITHER NOTIFY MEDICAL EXAMINER		M.	19		7			
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	ARM, ETC )	21f LOCATION	CITY OR TO	OWN	COUNTY	STATE
_	MHILE NOT WHILE AT WORK			16	21			0.	
	22a. I certify that (I) (this haspi	467 /		25//	. 19		. 19	82	that (I) (we) lost
	sow the deceased live an abave, (I) (we) (did) (did no	t view the body	atter death		nd that in (my) (our) opinion	death occurred an the d	ate and haur a	nd from the	causes stated
	22b. SIGNATURE	41.	10		DEGREE ATTENDING	MEDICAL STA	EE	22c. DATE	SIGNED
	W	1W00	a /	/	PHYSICIAN [	DIRECTOR   PHYSI		10/3	1/82
	22d. PHYSICIAN'S NAME (TYPE O	RPRINT)	108.1	T	22e ADDRESS	~ 1 M	.1		FREINEI
	1	MM	DAR C	11	10/421	UN, MI	V		
	BURIAL, CREMATION, REMOVAL	236 DATE	23€ ト	AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		OUNTY	STATE

BP.

TO FUNERAL DIRECTOR:

MPORTANT: If hem 21 is

DHMH - 16 50M 1/B1 (VRA 15, 4) Newnam Funeral Home

FOR

Burial
24 FUNERAL DIRECTOR

Calvary Cemetery Pittsburgh Allegheny PA.

250 DE ECT BY REGISTRAR'S SIGNATURALE PROPERTY OF THE PROPERTY OF T

Easton, Md

		FOR STATE REGISTRAR		DEPARTA	NENT OF HE	OF MARYLAND ALTH AND MENTAL H CATE OF DEATH	IYGIENE	3 2 REG. NO	2	7 4	0	9
		CEASED NAME FIRST ROLA	Nd	DIE	Me	DUAL	20. DAT	E OF DEATH	10 - 2:	5-82	26 HOL	R
	3. SEX		4 RACE		5. DATE OF	BIRTH	6. AGE	IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER	24 HR
2.3		Male	Cau		HINOM	3. 1.906		76	YRS.	NIHS DAYS	HOURS	MIN
35		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WH		MARRIED WIDOWED		9 BALTI	MORE CITY O	+ COUNTY C	OF DEATH		٨
78	10 CI	ASTON	11. NAME OF HOS UF NOT IN SUCH FA	SPITAL, NURSIN	ADDRESS)	OTHER INSTITUTION	(TYPE OF	ALOCCUPATION OF THE CONTRACT O	F WORKING LIFE)	126. KIND C INDUSTRY	foo(	
38	13a S	TATE 13b CC		RESIDENCE BEFORE CITY OR TOWN Wittma		THE NO TO		EET ADDRESS			1000	
00	14 FA	THER'S NAME FIRST  Edward	WIDDLE	LAST		5. MOTHER'S MAIDEN I	NAME Vannie	e Cumm	ings	LAS	T	
medicol			ARMED FORCES? 166 GIVE WAR OR DATES)	1.8-1.6-		M. Laura		ADDRE	ttman	. bw	216	576
or other traumatic e		Conditions, if ony, which gove rise to immediate couse ioi, stating the underlying cause last.	DUE TO, OR AS	S A CONSEQUE	NCE OF			7	0			7
any injury,	CERTIFICATION	PART 2 OTHER SIGNIFICAN	Curt	Thron	nhy	OT SELATED TO THE TE		UTOPSY?	20b. IF YES.	WERE FINDIN	IGS USE	D
shows	TIFE						YES [	] NO	IN CERTIFYI	NG CAUSES	OF DEAT	
9	MEDICAL CEI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAMI	P.M.	MONTH DA	Y YEAR	21c HOW INJURY OCC 211 LOCATION STREET	URRED (ENTI	CITY OR TO		COUNTY	S	STATE
is marked		WHITE NOT WHITE AT WORK  220.1 certify that (1) (this has saw the deceased alve	spital) attended the d		10	that in (my) (our) apinio		10/2,	, 19		that (1) (	,
IT: If Item 2		22b. SIGNATURE	natiview the bady after	ord)	DE	GREE ATTENDING PHYSICIAN	MEDIC		F	224. DATE		32
MPORTANT		22d. PHYSICIAN'S NAME (TY)	WOOD,	Jr. W		220 ADDRESS EAS	row	Md.				
4		URIAL, CREMATION, REMOV				METERY OR CREMATOR Hill Cem		CATION CITY OR TOWN	CTS	Lbot	s	TATE
/81	5	HERAL DIRECTOR	Leave	O for	mies	al hol	10VE80	1982 PAR	256. REGISTRA		المئلا	1

DV: 154 BASTER 3 ---- Batter Batter Batter . month bill . values : renna . 12500-d1-855 . d---which figures are there are a real property and 

	1	
2	FOR STATE	

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRE	garet	AIDDLE	Ne	Vius	20. DATE OF DEATH MONTH	14-82 9:20
	3. SEX /	4 RACE	casian	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR WUNDER 24 HRS MONTHS DAYS HOURS MIN.
6	70. BIRTHPLACE (STATE OR FOREK COUNTRY)  Maryland		WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY OR COUR	
18	Easton		OSPITAL, NURSING FACILITY, GIVE STREET	IG HOME C	PROTHER INSTITUTION	120 USUAL OCCUPATION 117PE OF WORK FOR MOST OF WORKIN HOUSEWIFE	12h KIND OF BUSINESS OF
35		OME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Easton	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	an's Lane
20	Thomas	MIDDLE M.	Jenki		15. MOTHER'S MAIDEN NA FIRST Etta		Barnes
1	160 WAS DECEASED EVER IN U	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECU 218-80-		17. INFORMANT	ADDRESS 3 Longfellow E	14 Linden Ave
	Conditions, if ony, who gove rise to immediate couse (0), stating to underlying couse la	DUE TO, OF the DUE TO	R AS A CONSEQUE	ENCE OF		WINAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYE				N WAS PERFORMED	20a AUTOPŠY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \sum \) NO \( \sum \)
9	27a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (WEITHER NOTHY MEDICAL EX 71d. INJURY OCCURRED  WHILE AT WORK AT WORK AT WORK AT WORK	OF DEATH HOUR A.A.	A. MONTH DA	. 19	216 HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)  COLINITY STATE
	220.1 certify that (i) (this	hospital) attended the	13 198	, on	d that in (my) (our) opinion	deoth occurred on the door and	that (a) (we) los hour and from the causes stated
1	274 PHYSICIANIS NAME	Man DA PRINTI	mete	ery.	AVENDING HYSICIAN   270 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	10/18/82

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

24. FUNERAL DIRECTOR NAME

Burial, cremation, removal (SPECIFY)
Burial 1236 DATE 10-18-82

Thomas Fauntleroy, M.D.

23c. NAME OF CEMETERY OR CREMATORY

Easton, Md.

21601 23d. LOCATION
CITY OR TOWN
Oxford Oxford Cemetery

Talbot STATE Md

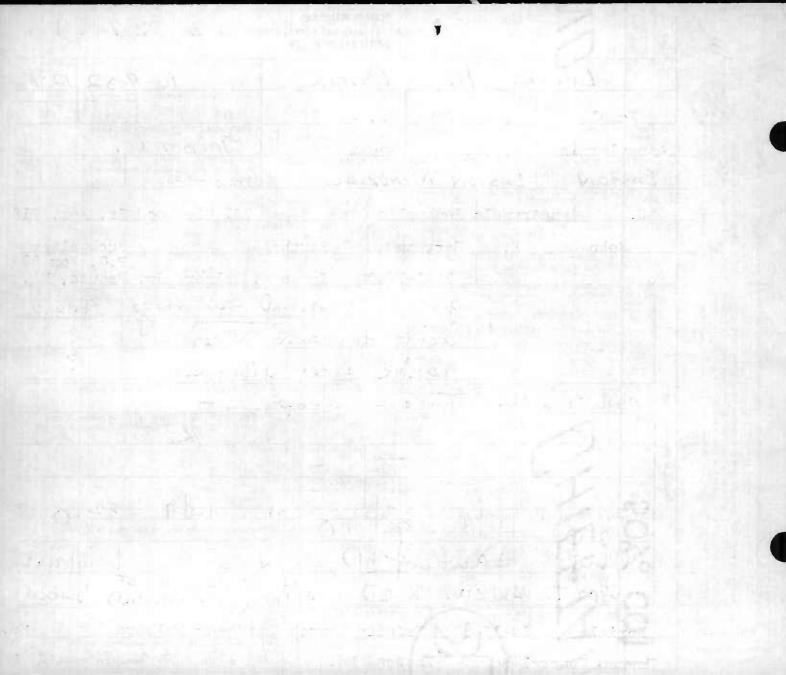
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

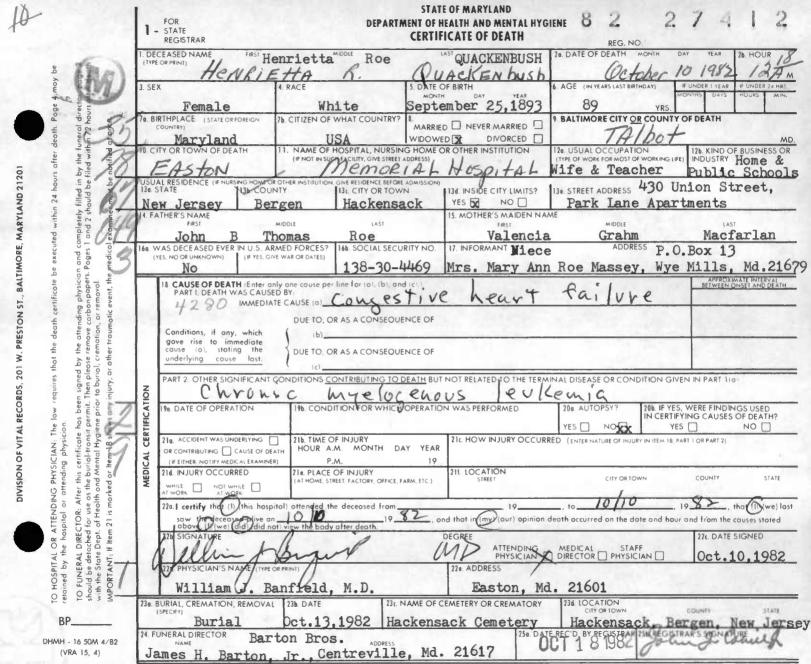
Easton, Md. 21601 Newnams Funeral Home

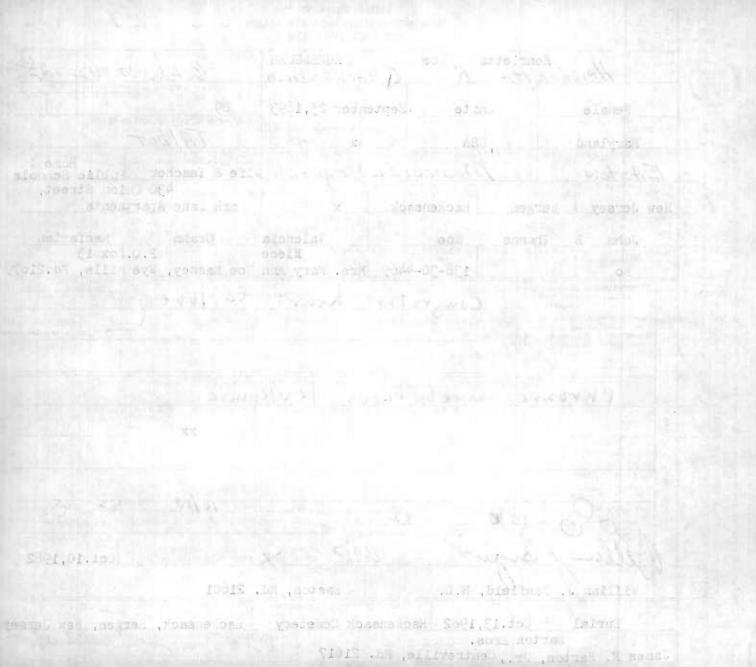
Marie of the Albert States Thomas Fountierry, N.D. Caston, Md. 21601 Temperal Toner Laston Md. 21601 Innered according

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
DHOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Fage 4 may tained by the hospital or attending physician.
O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions and

\$ 1.	FOR STATE REGISTRAR	D <b>¥</b> PAR	STATE OF MARYLAND  TMENT OF HEALTH AND MENTAL H  CERTIFICATE OF DEATH		7 4 1 1
TTYPE	CEASED NAME FIRST LUET		PACMER	REG. NO.  20. DATE OF DEATH MONTH	9-82 125 M
3. SEX	Female	Caucasian	5. DATE OF BIRTH MONTH DAY MAR. 4 1899	6. AGE (IN YEARS LAST BIRTHDAY)  83 YRS.	MONTHS DAYS HOURS MIN.
175	COUNTRY)	76. CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR COUNT	
Paylor 10. CI	nnsylvania TYORTOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I Housewife	126. KIND OF BUSINESS OR INDUSTRY
B5 130 S	AL RESIDENCE IN NURSING HOME OR THE TOUR HOW THE TOUR HOME OR THE TOUR HOME OR THE TOUR HOME OR THE TOUR HOM	other institution give residence before the control of the control	RE ADMISSION) WN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 701 Glenwood	St. Apt. 71
つえ	John	K. Hartm	FIRST	MIDDLE	Buckwalter
		WAR OR DATES)	-7663D James	A. Palmer. Jr.	P.O. Box 48 Pequea, PA.
event, the	PART I. DEATH WAS CAUSED	y one cause per line far (o), (b), o	nd (c).)	I hummbag	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
roumotic	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE		ulear	: ->
or other	cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	unc whice	disease	7
ony injury, or c	PSeudo Du	I ban strok	DEATH BUT NOT RELATED TO THE TE	- Lizavo	VEN IN PART 1(0.
8 shows ony injur				YES NOT IN CERT	IFYING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA.  (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH E	DAY YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2}
nked or frem	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, EIC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 із то	220.1 certify that (1) (this haspit saw the deceased alive an above (1)(we) (did) (did not	1 (5) (1	5 2 19 5 19 5 ond that in my (our) opinion	on death occurred on the date and ha	, 19 8 2 , that (I) (we) lost ur and from the causes stated
7. # #e a	THE ORIGINATION TO	Dawho	DE DREE  ATTENDING PHYSICIAN		10 9 92
MPORTANT.	ABUTT.	DAWKINS J	L. MI SAST	N. AURONA	ST 21601
234. 0	URIAL, CREMATION, REMOVAL SPECIFY) Burial	The state of the s	NAME OF CEMETERY OF CREMATOR Trinity Church (	CITY OR TOWN	county State M
1/82	Newnam Funera	AODRESS		ATE REC'D. BY REGISTRAR 251 REGIS	







FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	2	7	44	i
CERTIFICATE OF DEATH		REG. NO.				

	REGISTRAR				CENTIL	CAIL OF DEATH	REG. N	O.		
	CEASED NAME	FIRST LOTT	aine MH	Groff Groff	Į.	RICE	2a DATE OF DEATH	MONTH E	DAY YEAR	26 HOUR A
1 1111	TE OR PRINT)	RRain		42022	R	OP		14 1	6.82	928 4
3 SE	X 610	4 RAC			5. DATE C	F RIDTH	6 AGE (IN YEARS LAST BIR	THDAY!	IF UNDER I YEAR	IF UNDER 24 HRS
	~		Whi	1+0	MONTH	DAY YEAR	702 (111101111111111111111111111111111111		MONTHS DAYS	HOURS - MIN.
-	Vemale				Janua	ary 4, 1911	71	YRS.		
	IRTHPLACE (STATE OR	FOREIGN 76 CIT	IZEN OF W	HAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	RCOUNTY	OF DEATH	
	Pennsylva	nia	US	A	WIDOWE		Tali	00 1	1000	M
JO C	ITY OR TOWN OF DE	ATH 11. N	AME OF HO	SPITAL, NURSIN	G HOME C	ROTHER INSTITUTION	120 USUAL OCCUPAT		126. KIND O	F BUSINESS OF
10	aston	Ma	NOT IN SUCH I	FACILITY, GIVE STREET	ADDRESS)	OC. to	(TYPE OF WORK FOR MOST C			
100	AL RESIDENCE (IF NUR	SING HOMES OF THE	emo	18,91	40.	O CZRO ION	Wife & Se		-	е
3a	STATE	No COUNTY		36 CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	P.O.1	Box 45,	
	Maryland	QueenAn	ne's	Queenst	own	YES XX NO	Embert St	reet		
14. F.	ATHER'S NAME					15. MOTHER'S MAIDEN NA			17 - 50	
	FIRST	MIDDLE	nd h	Cast		Effie	MIDDLE		T	
1607	AMOS WAS DECEASED EVER	Ellswo		Groff  6b SOCIAL SECUI	DITY NO		Louis		Jon	es
	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR C	R DATES)			Hus	band	SP.0.1	Box 45	
_	No			217-05-6	808	Wilmot N. Ri	ce, Queenst	own, I	Md. 216	58
	18 CAUSE OF DEAT	H Enter only one	couse per hi	ne for (o), (b), and	fici				APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH V	VAS CAUSED BY:	1	0	a	lit			7	1.7
	4140	IMMEDIATE CAU	SE (a)			y			7-1-10	
1		D	UE TO, OR	AS A CONSEQUE	NCE OF				7.	
	Conditions, if ony		(b)	42 H	h c	CHRONIC	CHE		1 2	123
	gove rise to im- couse (a), stati		LIE TO OR	AS A CONSEQUE	NCE OF				1 8 10	
	underlying cause		(4)	10 / 001102002						
	PART 2 OTHER SIG	NIEICANT CONDI	TIONS CON	ITPIBLITING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION COV	ENLINEDADT 1	
Z	TAKE 2 OTTEK SIO	THE REAL COLOR	nors <u>cor</u>	ALKIBOTING TO D	EAIII BUI	NOT RELATED TO THE TERM	INAL DISEASE OR CON	JITION GIVE	EN IN PART TO	)'
음										
1 5	190 DATE OF OPERA	TION	L CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN YING CAUSES	
1 1							YES NO	YES		NO 🗆
CERTIFICATION	21a ACCIDENT WAS UN		b. TIME OF			216 HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART 1 OR PART 2)	
AL	OR CONTRIBUTING	CAUSE OF DEATH			Y YEAR					
ũ	(IF EITHER NOTIFY MED		P.M.		19					
MEDIC	214 INJURY OCCUR	1.0	e. PLACE OF	FINJURY T FACTORY OFFICE FA	ARM FIC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
<	AT WORK NOT WE	HILE								
	22a.l certify that (I)	(this hospital) att	tended the	deceased from	6 -	1079	10 10 -	6	10 82	that (I) (we) los
	sow the deceas	ed olive on	10	195	2 on	d that in (my) (our) opinion o	eoth occurred on the d	ate and hour		4 . 4 .
		did) (did not) view	the body of	ter deoth.				ric ond noor		
	22b. SIGNATURE	2	0	0		DEGREE	MEDICAL STATE		22c DATE	
	N	less 6	Con	2		PHYSICIAN P	MEDICAL STAI	IAN	10-	6-82
1	22d. PHYSICIAN'S N	AME TYPE OF PRINT)	2	9		22e ADDRESS	73.5.0			

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

Stephen P. Carney. 230 BURIAL, CREMATION, REMOVAL 236. DATE

Cremation

234 NAME OF CEMETERY OR CREMATORY

Easton.

Cedar Hill Crematory

23d LOCATION CITY OR TOWN Suitland

Barton Bros. 24 FUNERAL DIRECTOR James H. Barton, Jr., Centreville, Md. 21617

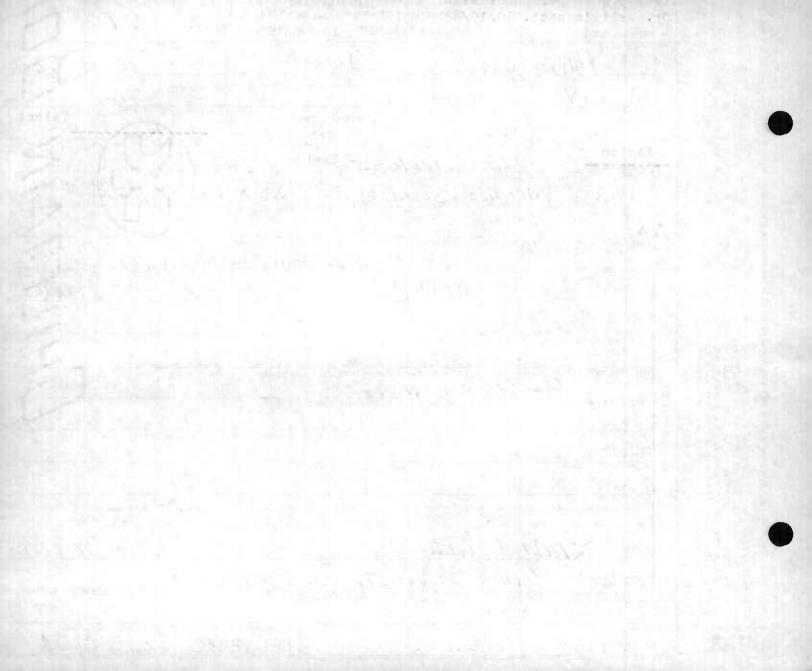
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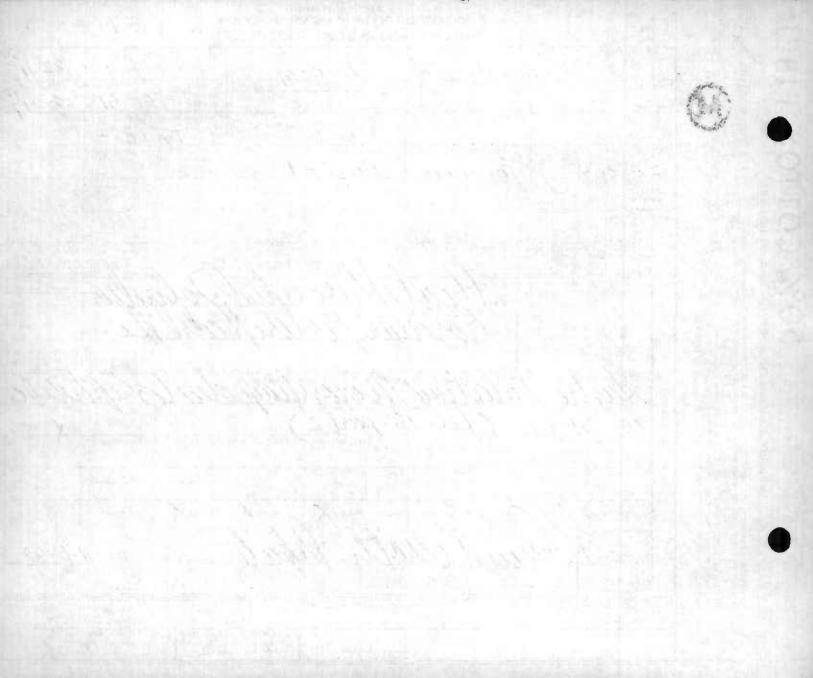
1/			STATE OF MARTLAND	0 0	-9 1 1 A	
4	FOR - STATE	DEPA	RTMENT OF HEALTH AND MENTAL HY	GIENE O L	1414	
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
	1. DECEASED NAME FIRST	MIDDLE	LAST DOCE		DAY YEAR 26 HOUR	
e 2 = 1			rie ROSE	m.11	1.54	
à EM		red	rose	Wetober 11	1982 57 M	
£ 1	3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.	
Poge	Female	White	September 29,1909	73 YRS.		
8 82	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
45	Maryland	USA	WIDOWED DIVORCED	TAlbot	MD.	
0 - 2	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF YOU IN SUCH FACILITY, GIVE STREET ADDRESS)		128 USUAL OCCUPATION 126 KIND OF BUSINESS C		
- 4 P	FASTON			(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY		
120	USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE B	L HOSPITAL	Wife	Home	
ded to	13a STATE 13 CO	UNTY 13c. CITY OR 1		13e. STREET ADDRESS		
AN THE STATE OF TH		en Anne's Wye Mi	11s YES X NO	P.O.Box 145, 2	21679	
RYI 2 selection	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME		
AM mple	George Was	hington Faull	mer Laura	Elizabeth	Hutson	
S S S	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL S		sband ADDRESS P.O.		
ob o	(YES, NO OR UNKNOWN) (IF YES, (	GIVE WAR OR DATES) 213-22		Rose, Wye Mills,	MA 21670	
ALTIMORE, MARYLAND 2120  e ex  recon and completely filled in by hers. Pages 1 and 2 should be fill bl. the heedical examples must be not the head of				Rose, wye Milis,		
, By hysing ovo	PART I. DEATH WAS CAU	only one couse per line for (a), (b)	i, and (c).1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
ST.	4140 IMMEDI	ATE CAUSE (0)	al only M	meia	IMMEDIATELY	
on andi		DUE TO, OR AS A CONSE	OUENCE OF			
PRESTON  Gentle of the	Conditions, if ony, which	( 16) ATHE	eno screnaric H	RAPE DU TENAS	123	
the emerement	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF			
by by other other	underlying couse lost.	(c)				
y. o	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	/EN IN PART I(o)	
RDS The Significant of the Signi	NO					
A THE RECORDS, 201 W. C. THE THE STAND OF VITAL RECORDS, 201 W. C. THE THE CONTROL OF THE THIS CENTRICOR. THE THIS CENTRICOR HOS been signed by the soft the buriol-transit permit. Then please reproduced man and Memol Hygiene prior to buriol, created or them 18 shows only injury, or other orked or them 18 shows only injury, or other	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED	
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of the ork	AT WORK NOT WHILE AT WORK	Home				
Lord Lose		pital) attended the deceased fro		2_, to 10/11	19, that (I) (we) lost	
Piro prito prito for of th	sow the deceased alive of obove, (1) (we) (did) (did)	not) view the body ofter death.	9 8, and that in (my) (our) apinion	death occurred on the date and hou	ir and from the causes stated	
OR A DIRECTOR A DIRECTOR OF THE MEMORY OF TH	22b. SIGNATURE		DEGREE		22c. DATE SIGNED	
	Steps	Bo P. Cem	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	10-11-82	
HOSPITAL ined by the FUNERAL uld be detail the Stote	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	DIRECTOR PHYSICIAN		
O HOSPIT eroined by TO FUNER Should be Sit with the Sit	Stephen P. C	erney M D	Fraton M	21601		
M. with			Easton, M			
20	230 BURIAL, CREMATION, REMOVA	374	34 NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE	
BP	Burial	Oct.14,1982	Chesterfield	Centreville, G		
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR B	arton Bros.	25a DA	TE REC'D. BY REGISTRAR TO REGIST	RAR'S SIGNATURE	
(VKA 13, 4)	James H. Barton	, Jr., Centrev	lile, Md. 21617   U	01 10 1905	-0.	

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) mail	93.4	Gespita L	Daniel W.	L. F. A.S. Hank
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	Th' ox		V - 30/01	
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. M. C., IN.	, sengevilla,		lot.14,1962   ut ton lates dr., Centreville	Rotjal in James II. Sarton,

a	To.		phone wi	CDA DTMENT OF	TE OF MARYLAND	AL LIVERNIE	en 1911	
/	123	FOR Welty's sect STATE REGISTRAR dad			HEALTH AND MENTA	E OF DEATH	274	3
		CEASED NAME A BIRST	0.1	MIDDLE	LAST	20. DATE KNOWN	MONTH DAY YE	AR 2b. HOUR
SE ES. ET,	(14	EORPRINT) Harry	1 Charl	es 5	SALLAC	OF ESTI- DEATH MATED	0/0 8 198	2 679) M
PLEASE ECTOR. FILES. HOURS STREET,	3. SE	RACE	5. DATE OF BIRTH	YEAR LAST BIRTHD		NDER 24 HRS. 2c. DATE	MONTH DAY YE	AR 2d HOUR
CESSARY, VERAL ON WHINN 72 PRESTON	70.0	RTHPLACE (STATE OR	76. CITIZEN OF WH	94 87 VI	RS.	9. BALTIMORE CITY	Y OR COUNTY OF DEATH	L L. HAM
PANTH PER SE	FC	REIGN COUNTRY)	U.S.	IAI COOIVIKI!	MARRIED NEVER M	ARRIED   OAT	DALINE	Albot MD.
SH WHE	19/0	LASTON	11. NAME OF HOS	PITAL, NURSING HOME	, OR OTHER INSTITUTION	120. USUAL OCCUPATION (1) FOR MOST OF WORKING LIFE)	TYPE OF WORK 12b. KIND OF OR INDU	BUSINESS
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21201 IF ANY I E, AND 3 B. RETAIL		AL RESIDENCE (IF IN MURSING HOME C TATE	COMICO	13c CITY OR TOWN	PL 13d. INSIDE CITY LIMI	- B/ 1 1/0 K 14 (A 1 . /	MANOR	URY
7 = Nm	14. F	ATHER'S NAME		1 SAMOUN	15. MOTHER'S M	AIDEN NAME	1-11/10K	
E, MD.	11	FIRST	WIDDLE	LAST	FIRST	MIDDLE	LAST	
BALTIMORI RS AFTER C GNE PAG WITH FORW WISIGIN Q	100		MED FORCES? WAR OR DATES)	16b. SOCIAL SECURIT	11/2 11.	ADDRE	6611-h	hyu
BALTIMO URS AFTEI GENE P WITH FO PAGES DIVISION	I I	O CAUSE OF BEATILES		353-10-	74%6 HALT	MY SALLAC BOXI	204 h	ATE INTERVAL
ON ST., 124 HOU ITEM 18 PERMIT GIENE G		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	DBY:	or (a) (b) and (c)			BETWEEN O	ARS
		4-272 IMMEDIA	TE CAUSE (o)	AS A CONSEQUENCE	OF .		7	
WOV AND	ı	Canditians, il any, which gove rise to immediate	(b)					4.
301 W. PREST CUTED WITHIN IN PENCIL IN EXAMINER - J BARALTRANSIT D MENTAL HY I, OR REMOVAL	l	couse (o) stating the <u>under</u> - lying couse last.	DUE TO, OR	AS A CONSEQUENCE (	OF .			
8 3 mm a 2	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART 1 (a)		
L RECORDS, 3 VULD BE EXEC "PENDING "PENDING "PENDING "FE MEDIA F HEALTH ANG CREMATION			SSED 1	NWIN	a			
ALREA HOULD "PEI HIFF / USED USED CREA		19a, DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WAS PERFORMED?		20. AUTOR	PSY?
OF VITAL  ATE SHO  WORD  THE CHII  LD BE US  AENT OF  BURRET.	I I	21a. EXTERNAL CAUSE WAS	21b. TIME OF	INJURY	Tale HOW INTURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	YES [	NOX
		UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M	MONTH DAY YEAR	ZICTIOW INJORT OCC	ORKED (SINIER NATURE OF INJURY IN TEM	ISPARITORPARIZ)	
DIVISION S CERTIFIC STING TH RDED TO F 3 SHOUL E DEPART	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	DF INJURY (AT HOME,	21f. LOCATION			
E. THIS C E. WRITE RWARDE PAGE STATE D	2	AT WORK AT WORK	STREET, FACT	ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
2 1 6 2 11 2		220. I certify that I took charg	ge of the remains desi	cribed obove, held an	Autopsy , Insp	ection . Inquiry .	ond in my apinian	
AMINE TIFICA BE F BE F CTOI		death resulted fram: Natu	rol caures	Accident, Su	icide 🔲, Hamicide 🛭	Undetermined monner	],	
X H O H X X		ACTUAL Z MIN	1 1 XV	elty	TITLE (SPECIF		DATE 10 -8	7-82
SHO		SIGNATURE	1	2/11/	M.D.	MEDICAL EXAMINER	SIGNED	
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL T A FTER DEATH, BATTMORE, M.		(TYPE OR PRINT)	_0415 .	J. WEL	ADDRESS_E	ASTEM Ma		
PAC PAC PAC PAC	23a. E	SPECIFY)	36. DATE	23c. NAME OF CEA	AETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
DHMH-17 20M 1/73	24. F	Removal UNERAL DIRECTOR	10/9/82		25a. D	ATE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE	
(VR A15 ME (5))		Anatomy Board	Balto	. Md.	nr	T 18 1982 7	Calvie	A



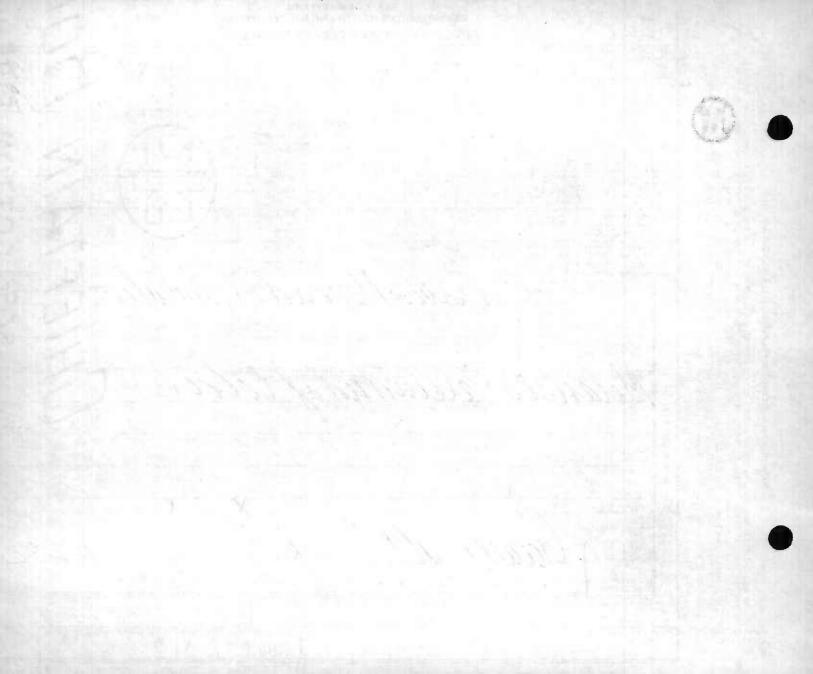
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN CTYPE OF PRINTS OF ESTI-4. RACE & AGE (IN YEAR) IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BRITHSAY) RONOUNCED White 1906 76 DEAD Male BIRTHPLACE DIAM OF \* BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRYS Maryland WIDOWED [ DIVORCED [ CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION. 175 KIND OF BUSINESS FOR MORE OF WORKING LIFE) NOT IN SUCH FACILITY, GOVERNMENT ADDRESSS. ccountant IJa STATE NILEDUNTY 13c CITY OR TOWN 21655 DIA: INSIBE CITY LIMITS? His STREET ADDRESS Caroline Md YES . Preston IL PATHER'S NAME 13. MOTHER'S MAIDEN NAME HIDOLE MAST MIDDLE Jesse Shockley Mabe1 1, Box 85 B M. WAS DECEASED EVER IN U.S. ARMED FORCES? ITES, NO. DE UNIONOWNE I IF YELL ONE WAS ON DATES. Preston, Md. Frances E. Smockley No CAUSE OF DEATH (Enter only one couse p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE TO DUE T Conditions, if any, which pove tise to immediate cause (a) stating the underlying couse lost DEPARTMENT OF 88 71h TIME OF INJURY THE HOW INJURY OF CURRED LENGTH NATURE OF BUILDING BUILDING HE PART I OR PART II HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21st PEACE OF INJURY (AT HOME H. LOCATION THE INJURY OCCURRED STREET, FACTORY FARM FILE I CITY OR TOWN COLIMITY STATE WHILE AT WORK AT WORK good the remaigs described above, held on 22a. I certify that I tank chart Autopsy and in my opinion death resulted from deformined manner EXECUTE THE CO PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE MA ACTUAL MEDICAL EXAMINER R. Lane Wroth, M.D. Michaels, Md. EXAMINER'S NAME (TYPE OR PRINT) 23s BURIAL CREMATION REMOVAL 23h DATE 73/ NAME OF CEMETERY OR CREMATORY 73d LOCATION COUNTY STATE Cremation Delmarva Crematory ewes Sussex DHMH-17 20M 1/73 24. FUNERAL DIRECTOR (VR A15 ME (5)) Newnam Funeral Home Easton. Md.



STATE OF MARYLAND

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	FOR				DEPARTM			RYLAND ND MENTAL I	HYGIENE		9	1	1 8
	- STA	SISTRAR		1				RTIFICATE		H RE	G. NO.	8000	1 9
	1. DECEA	SED NAME	FIRST		WIDDIE		LAST	Ť	20	DATE KNOW	INOM   NV	H DAY	YEAR 26 HOUR
SE. SS. SE	[TYPE OR	PRINT)	Chest	er	Μ.		Sn	nith		OF ESTI-	D WID	3/ 19	82 348
LEASE CTOR. FILES. OURS TREET,	3. SEX	4. RA	CE	5. DATE OF BI		. AGE (IN YEARS.					MONTH	DAY	YEAR IN HOUR
X S	Mal	e Wh	ite	JULY 1	3 1899	Q 3 YRS.	MONTHS	DAYS HOURS	MIN. PR	DEAD	0	3/ 19	82 95
ASSA SSA	7a. BIRTH	PLACE (STATE O	R		F WHAT COUNTR	RY? 8.	MARRIED	NEVER MARE	RIED 9.	BALTIMORE	-	NTY OF DEA	ATH
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CO THE P FILED		OR TOWN OF D			HOSPITAL, NURS	ING HOME, O	R OTHER I	INSTITUTION		L OCCUPATION		( 12b. KIND OR IN	OF BUSINESS IDUSTRY
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- > ~ Z = X	USUAL RI 130. STAT Md	ESIDENCE (IF IN 19 E	Talb	OR OTHER INSTITUTION	ON, GIVE RESIDENCE BE	FORE ADMISSION) R TOWN Michae	- 13d	. INSIDE CITY LIMITS?	13e. STREE	TADDRESS			
IF ANY I			Talb	ot	St. I	Michae		ES NOX	1	t. 33	Elbe	rton	Farm
MD. 2 S 1, 2, PP 3, 4D 2 S1, 2,	14. FATH	harles		WIDDLE	CLA	ith	15.	MOTHER'S MAID	EN NAME	WIDDLE		LAS	
RE, MD. 21 L DEATH. IF GES 1, 2, GRS 1, 2, RM PM 3. AND 2 SF				Α.				Mary		Ε.		Geon	
PRESTON ST., BALTIMORE, WITHIN 24 HOURS AFTER DE CIL IN TEM 18. GIVE PAGE INER ALONG WITH FORM THANSIT PREMIT. PAGES 1 AN ALHYGIENE, DIVISION OF	16a. WAS (YES, N	DECEASED EVE O, OR UNKNOWN)		MED FORCES? WAR OR DATES)		AL SECURITY N		INFORMANT	** 0	5 10 10	RESS	4	
BALTIMO  JURS AFTER  18. GIVE PA  WITH FOR  T. PAGES 1  DIVISION 1		0				09-034	4 (	Charles	H. 7	mith	Flori		
1., B 18. 08 W	18.	PART I DEATH	ATH (Enter an WAS CAUSE	ly ane cause pe D BY:	r the for (a), (b)	and (c).)	in	Buch	01/1	Mal	0/17	APPRO ETWEE	DXIMATE INTERVAL N ONSET AND DEATH
ESTON ST., HIN 24 HOLL IN IEM 18 IN IEM 18 SIT PERMIT. HYGIENE, I		900	IMMEDIA"	TE CAUSE (a)	OR AS A CONSI	77 L	1/10	XICC	771	unu	yes	3	
EST F A FYC VAL		Conditions, if	any, which	DUETO	, OR AS A CONSI	EQUENCE OF							
W. PREST D WITHIN FENCIL IN AMINER A TRANSIT ENTAL HY REMOVAL		gave rise to cause (a) statio	immediate	<	, OR AS A CONSE	ONENICE OF							
UTED WITH UTED WITH IN PENCIL II EXAMINER RIALTRANS OR REMOV		lying cause las		DOETO	, OR AS A CONS	EQUENCE OF							
S, 301 V RECUTED S" IN PE S" IN S" IN S	PAI	toute visuale	INT CONDICIONS	COLOMINATING TO B	ATRACT NOT PELATE	TO THE TERMINAL	BRITAGE RA	сонаитон сами и в	12	1		1	
VITAL RECORDS, 301 W. SESHOULD BE EXECUTED VORD "PENDING" IN PEN E CHIEF MEDICAL EXAM E CHIEF AS A BURNAL-IR AT OF HEALTH AND MEN. RIAL, CREMATION, OR RE	z /	MOVI	1/1	Tist	7/4/11	um	1/11	A TONOTTON BY	196	M			
RECONDENSITY OF THE ALL	CERTIFICATION	DATE OF OPE	RATION	19h. CO	NDITION FOR WI	HICH OPERATE	ON WAS	PERFORMED?	vu		_	20. AUT	OPSY?
DIVISION OF VITAL RETHING CERTIFICATE SHOULD , WRITING THE WORD, "PEL WARDED TO THE CHIEF / RAGG 3 SHOULD BE USED STATE DEPARTMENT OF HEL  1201 PRIOR TO BRIGATO, CRE	문							U					□ NO√
F V V V V V V V V V V V V V V V V V V V	210	EXTERNAL CA	USE WAS		E OF INJURY		21c. HOW	INJURY OCCURR	ED (ENTERNAT	URE OF INJURY IN I	TEM 18 PART 1 OR		NO X
DIVISION OF S. CERTFICATE ITING THE W RODE TO THE E. 3 SHOULD E. DEPARTMEN PRIOR JO BU	AL O	DERLYING DINTRIBUTING	OR CAUSE OF I		A.M. MONTH D	AY YEAR							
PISIO NG NG T SH SH		INJURY OCCU	RRED	21e PLA	CE OF INJURY	(AT HOME,	If. LOCAT						
DIV ORITICARITICARDE GE 3 TE D		WORK AT	T WHILE C	] STREET	, FACTORY, FARM, ETC.	)	STREE	T		CITY OR TOWN	(	COUNTY	STATE
			0	<b>2</b>	s described abave	6.11	A			7			
EXAMINER: CERTIFICATE DIRECTOR: , WITH THE 4	1.0	eath resulted fra	/ //	ral coures	. Accident	, neid an	Autapsy	Inspection	/	Inquiry (),	and in my	apinian	
EXAMI CERTIF JID BE DIREC WITH		eam resulted in	1/	drido es	Accident	1	7	nomicide y	gnderer	nined manner	· ·		
H, VARA		TUAL	. 17/		1///	1	M D	XIBILI	Lurric	AL EXAMINER	DAT	E //-	2-82
ICAL SHO SHO ERAL EATH, ORE, W		arsan unc	10	vu C	No succession		M.U					NEDZ.	
TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO!	EX.	AMINER'S NAMPE OR PRINT)	E R.	Lane	Wroth,	M.D.	ADI	DRESS	. M10	chaels	, Ma.		
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTMORE, MARYLAND, 2		AL CREMATION	REMOVAL 2	3b. DATE	23c. NA	ME OF CEMET			23d. LOC	ATION		UNIY	STATE
		rial		11-20-	82 01	d wye	Cem	etery	Wye	Mills	Tal	lbot	Md
DHMH-17 20M 1/73 (VR A15 ME (5))	24. FUNE	RAL DIRECTOR			DRESS			25a. DATE	REC'D. BY RE	GISTRAR 25b.	REGISTRAR'S	SIGNATUR	E
(		mam Fu	ınera.			on, Me	1.	NOI	V 5 1	982	Le c	00.	. 1
	_											-	



4	53		1	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MEN	ITAL HYGIENE 8 2	27419
		1		REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEA	REG. N	O. MONTH DAY YEAR 26 HOUR
	by be age 3 death			Josep	in C.C.	Snyder	In. DATE OF BEATT	0-13-82 2450
	e 4 may ctor, pa		3 SE	MALE	4 RACE CALL	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	MONTHS DAYS HOURS MIN.
1	Pog	品)	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		A BALTIMORE CITY O	PR COUNTY OF DEATH
	de of the state of	130	7	ITY OR TOWN OF DEATH	USA.	WIDOWED DIVOR	CED   1911	DOT MD.
201	rrs ofter	18		Easton	Memoria	HOSPite	(TYPE OF WORK FOR MOST OF	
(ND 2120	24 hav	35	13a.	STATE 136 COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFORM  13c CITY OR TO  14BCT  BOZI		1	
MARYLAND	within pletely nd 2 sh	a in	14. F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MA		LAST
	To T	200	160	USCAR -	RMED FORCES? 1166 SOCIAL SE	CURITY NO. 17. INFORMANT	ALINE CANT	WELL
BALTIMORE	Poge	medi			T VO9-28	7090 MARY	CSNYDER	BOZMAN, MD
7		ent, the		PART I. DEATH WAS CAUSE		rendicio.		BETWEEN ONSET AND DEATH
NO ST	ding par ren	ofic ev		4292 IMMEDIA	DUE TO, OR AS A CODSEC	0 1 1	1 1 - 2	1 327
PRESTON	ation, a	ranm		Canditions, if any, which gave rise to immediate	( (b) (er	ethal Vaseu	la recidens	F WES
W.P	that the by the case rem	orner		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ	SCV )		
RDS, 20	equires n signed Then ple ta buric	o 'Aulu	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 1(0)
DIVISION OF VITAL RECORDS	ds of	9 Sans	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORME	ED 200 AUTOPSY?  YES \ NO \	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
DF VITA	A d to to	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	Y OCCURRED (ENTER NATURE OF INJUR	
NOI	HYSIG nding hrs ce burid	0 10	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M.  21e. PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE)	21f. LOCATION	CITY OR TO	OWN COUNTY STATE
DIVIS	NG Protect of the standard than the one	and rked	Σ	WHILE NOT WHILE AT WORK		PARM EIC J	-0/	
	H A	m 51 12		saw the deceased anye ar	ital) attended the deceased from		r) opinion death accurred on the d	ate and hour and from the causes stated
	A P	# #em		22b. SIGNATURE	TAD	DEGREE	NDING MEDICAL STA	22c. DATE SIGNED
_	J = J + 0			22d, PH S CLAN'S NAME (TYPE O	OR PRINTI	PHY:	SICIAN DIRECTOR PHYSIC	CIAN [19/19/82
		PORT		D.T. Lewe			, Md. 21601	
	Of of State	2	230	BURIAL, CREMATION, REMOVAL	23b DATE 23	NAME OF CEMETERY OR CREA	MATORY 23d. LOCATION	county SAS
	BP	-	20 F	AGMATION UNERAL DIRECTOR	14, 1982	F FOLINCOLI	N BRENTH 1250-DATE REC'D. BY REGISTRAN	VOOD P.C. D.
	DHMH - 16 50M 1/ (VRA 15, 4)	RI C	X	ruesm 6.	Sened ADDRS	t. Michels M	OCT 1 8 1982	John & Court

Justific CO. Smylen is the project I a State of the s MARTHUR TALKET BOSTAN X DECEMBER - THE SHEET STREET - MANE CHAPTER LAND 19 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 1/2 1 William Transmission of the state of the sta

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REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

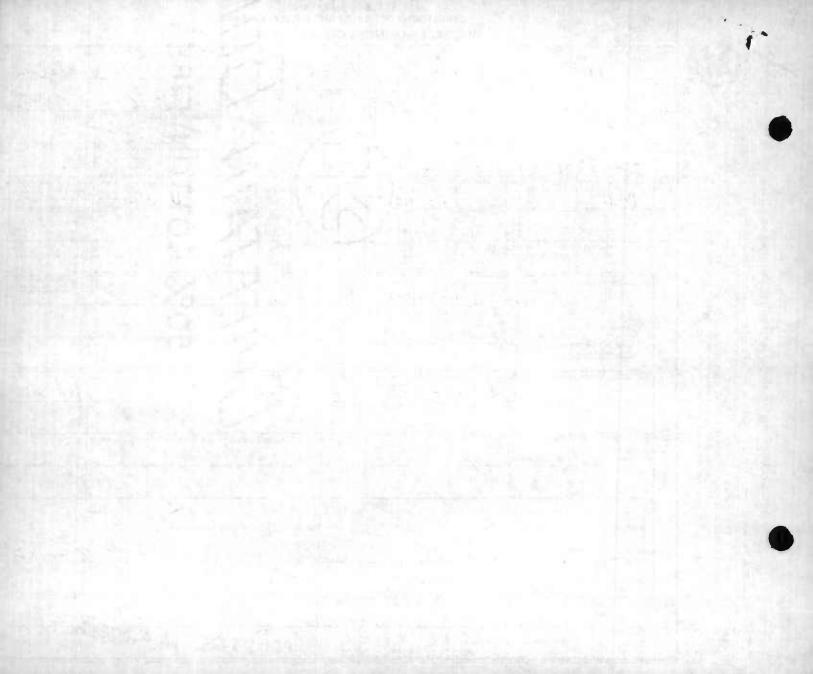
CERTIFICATE OF DEATH

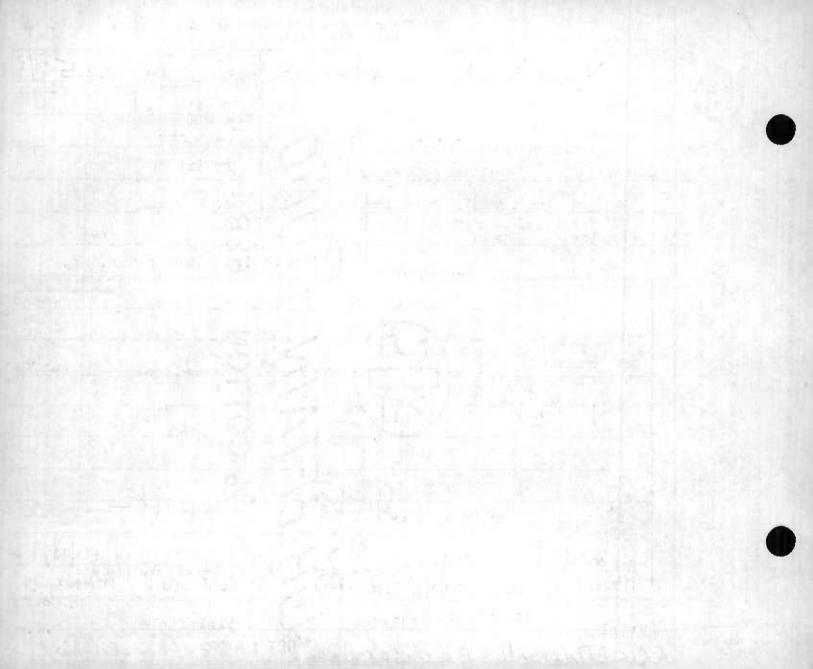
STATE OF MARYLAND

FOR

Carringone of celon 1974

	1				DF MARYLAND		
	13	FOR STATE		DEPARTMENT OF HEA			27422
	1.	REGISTRAR	MEI	DICAL EXAMINER	'S CERTIFICATE	OF DEATH REG. N	
		ECEASED NAME A FIRST	1	MIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26 HOUR
000	(	YPE OR PRINT) MARTI	N . /n=	seph	N/ARD	OF ESTI-	100 00 00 00
E.S.	3. 5	EX 14 RACE	5. DATE OF BIRTH		IF UNDER 1 YR. TIE UNDE	0.24 HDC 24 DATE 3	MONTH DAY YEAR 78 HOUR
RY, PL DIREC JUR 72 H		MINA	MONTH DAY	/	MONTHS DAYS HOURS	MIN PRONOUNEED	10 6 5 155
ARRY OLD YOU TO YOU YOU TO Y! YOU TO	-		9 7.5	18 64 YRS.		DEAD	10-9 1986 JAM
NECESSARY, PLUNERAL DIRE. S. FOR YOUR WITHIN 72 H	1 10.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WE	IAI COUNTRY?	ARRIED ANEVER MAR	RIED Y. BALTIMORE CITY	OR COUNTY OF DEATH
N S S S S S S S S S S S S S S S S S S S		ILLINOIS	U.S.A		DOWED DIVOR		- BOI MD.
A SEE	10.	CITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME, OF	OTHER INSTITUTION	170. USUAL OCCUPATION (TY	PE OF WORK 126 KIND OF BUSINESS
304 4	S	EASTON	- ME	MORIALH	05P	FOR MOST OF WORKING LIFE) U	NITED ASSOLOF
D # 0 2	US	JAL RESIDENCE (IF IN NURSING HOME OF	OTHER INSTITUTION, GR	E RESIDENCE BEFORE ADMISSION)	La completa di completa	JQUR,	WEYMAN AND ABPREN.
21201 E AND S. AND SHOULI	130.	STATE NO DE MONT	GOMERY	DETHES 1A	13d INSIDE CITY LIMITS?	5717 DERB	FITTERS UN.
11	14	FATHER'S NAME	COMERY	12001116921	15. MOTHER'S MAIL	111111111111111111111111111111111111111	20034
RE, MD. 2 R DEATH. II AGES 1, 2, RM PM 3. I AND 2 SI	30	FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST
MORE, MD TER DEATH PAGES 1, FORM PM SS 1 AND ON OFFIT	4	MARTIN	JOSEPH	WARD	CATH	HERINE	COLLINS
M E a C S Z	160	WAS DECEASED EVER IN U.S. ARM YES, NO, OR UNKNOWN) (IF YES, GIVE V		166. SOCIAL SECURITY NO	17. INFORMANSOI	V 4205 TN	DEPENDENCE STREET
, BALTIMORE, DURS AFTER DE 8. GIVE PAGE: WITH FORM DIVISION OF DIV	L	NO		703-01-2986	PATRICK	J. WARD ROCKVI	LLE.MD.
ST., BALTIII HOURS AF HOURS AF A 18. GIVE AG WITH I MIT. PAGE VE, DIVISIO		18 CAUSE OF DEATH (Enter only	y one cause per line	far (o), (b), ond (c).)	0 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST., WITHIN 24 HOL CIL IN ITEM 18 INER ALONS ANSIT PERMIT. AAL HYGIENE, I		PART I DEATH WAS CAUSED		ORDHARY	Occlusion		
A LO A LO B LA		7100		AS A CONSEQUENCE OF			
WITHIN WITHIN WITHIN WILL IN TALL HYCH		Conditions, if any, which	0.				
W. PR. DO WIT ENCIL AMINE C.TRAN ENTAL		gave rise to immediate cause (a) stating the under-	(b)	AS A CONSEQUENCE OF			
TAL RECORDS, 301 W. PRESTON ST., I HOULD BE EXECUTED WITHIN 24 HOU B. "PENDING" IN PENCIL IN ITEM 18, HHEF MEDICAL EXAMINER ALONG V USED AS A BURRALTRANSIT PREMIT. P. HEALTH AND MENTAL HYGIENE, D I. CREMATION, OR REMOVAL.		lying couse lost.	1	,			
AAL PAL NO XX		PART 2 OTHER SIGNIFICANT CONDITIONS C	CO CO	NAT MOT BELATED TO THE TENANCE.			
VITAL RECORDS, SHOULD BE EXE O'ORD "PENDING" E: CHEF MEDICAL BE USED AS A BE RE USED AS ARIAL TO FRAITH AN	Z		DAIRIBUTING TO GEATH &	DETERMINAL	A		House
ECOI B BE END! MED AS AS EMATH	니 [	19a. DATE OF OPERATION	W/1-	FDE I ED I	The state of the s	5	Years
MTALRE SHOULD SRD "PER CHIEF A E USED "OF HEA IAL, CRE.	<u> 5</u>	198. DATE OF OPERATION	196. CONDII	ION FOR WHICH OPERATION	ON WAS PERFORMED?		20. AUTOPSY?
DIVISION OF VITAL  INER: THIS CERTIFICATE SHOU  ICATE, WRITING THE WORD  ICATE, WRITING THE CHIE  TOR. PAGE 3 SHOULD BE USE  THE STATE DEPARTMENT OF 1  ND, 21201 PRIOR TO BURKAL,	CERTIFICATION						YES D NO
PEN ATE			216 TIME OF HOUR A.M.	MONTH DAY YEAR	It. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM I	3 PART I OR PART 2)
ON O IFICA THE TO T TOULI WRTMI	기종	UNDERLYING OR CONTRIBUTING CAUSE OF D		19			
BIVISION OF S. CERTIFICATE RITING THE W. RADE TO THE SE 3 SHOULD F. DEPARTMEN I PRIOR TO BU	MEDICAL	21d. INJURY OCCURRED			f. LOCATION STREET		
DIS CINE OF SECOND	≥	WHILE NOT WHILE AT WORK	SIREET, PACT	ORY, FARM, ETC.)	SIMEET	CITY OR TOWN	COUNTY STATE
THIS E, WRI RWARI PAGE STATE							
EXAMINER: CERTIFICATE CERTIFICATE ULD BE FOR OPRECTOR: WITH THE 8		22a. I certify that I taak charge	of the remains des	cribed above, held an	utopsy , Inspecti	an L. Inquiry 🔼 o	end in my opinion
KAMIN ERTIFIC. D BE F WITH TH RYLAND		death resulted from: Nature	al coures	Accident , Suicide	, Homicide	Undetermined manner	
L EXAMINEI E CERTIFICA OULD BE FO L DIRECTOR H, WITH THE		ACTUAL SIMI	in AX	Traf.	TITLE (SPECIFY)		14 6 00
CAL EXA THE CER SHOULD RR L DIRI RE, MARY	4	SIGNATURE	11 /01.0	elly	M.D. for De	MEDICAL EXAMINER	DATE 10 9-82
DIC CER S S S S S S S S S S S S S S S S S S S		EXAMINER'S NAME	<	11/2	V 1	2001	
M D W D W M	1	(TYPE OR PRINT)	ouis O.	VVELIV	ADDRESSA	STON ML	
TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNERAL O AFTER DEATH,	230	BURIAL, CREMATION, REMOVAL 23	b. DATE	23c. NAME OF CEMETE	RY OR CREMATORY	23d LOCATION	COUNTY STATE
		BURIAL	10/13/82	GATE OF I	IFAUFN!	SILVER SPRIN	
DHMH-17 20M 1/73	24		IS J. COL			REC'D. BY REGISTRAR	DISTRAR SAIG CALDREL
(VR A15 ME (5))	,	O UNITU RIUD (I)			OCT OCT	1 4 1982	~~~
	10/	U HINLY BLVD W.	STIVER SE	KIND, WILL / (I	71/1	- Y	





FOR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

126. KIND OF BUSINESS OR

Insurance

APPROXIMATE INTERVAL

NO T

STATE

DAY YEAR

IF UNDER I YEAR

INDUSTRY

Savage

YES

COUNTY

COUNTY

So DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

221. DATE SIGNED

Carried Restance to the second incoming reb. 1, 2,05 granter Age Sandy and a street, souton, souton, souton, MODINET COMERCE TENTED

	i	tem 6 #G573 11	/9/82 ph			OF MARYLAND	0 -0	2 7	4 9 5
6	1.	- STATE REGISTRAR		DEPARIN		EALTH AND MENTAL HY	GIENE 8 2	ha 1	4 6 3
		CEASED NAME FIRST		MIDDLE	1.	AST Of 1		MONTH DAY YEA	AR 26 HOUR
(MA)	3 SE	x marso	1 RACE	С.	S. DATE C	HALLEY OF BIRTH	6. AGE (IN YEARS LAST BIRT)	D 68.	2 / A M YEAR IF UNDER 24 HRS
4		Female		asian	JAN	20 1898	<del>-93</del> - 84	YRS.	DAYS HOURS MIN.
19	1	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEAT	Н
with with the t		ew York ITY OR TOWN OF DEATH	U.S		G HOME C	DIVORCED DIVORCED	12a USUAL OCCUPATIO		ND OF BUSINESS OR
To on the filed	2	ASTON AL RESIDENCE (IF NURSING HOME	EAS	-	18m	orial	Housewife		TRI
1 35	13a S	STATE	1bot	Oxfor	N	13d INSIDE CITY LIMITS? YES NO [	13e. STREET ADDRESS	c Avenue	21654
2 2500		ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	NVCIIUC	EAST .
# 15 85 E	16a V	James VAS DECEASED EVER IN U.S. A	RMED FORCES?	Cosgro	ve RITY NO.	Eva 17. INFORMANT	F.	Juc	dge
2 on 1		YES NOOR UNKNOWN) (IF YES G	IVE WAR OR DATES)	566-70-	9216	Geoffrey C	. Whalley	Portlan	d, OR.
BAL hicote poper novol. ent, the	1	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per ED BY:	line for (a), (b), and	dicul	u acceiler	+	8614	PROXIMATE INTERVAL
Service of the servic		4360 IMMEDIA		R AS A CONSEQUE	NCFOF			9	days
REST and a short		Conditions, if ony, which gave rise to immediate	(b)_C	xneiales	jel C	Ulerioneles	ogei.	Y	ears
North Mark		couse (a), stating the underlying cause last	DUE TO, OF	AS A CONSEQUE	NCE OF				
and the same	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	1107/	ITION GIVEN IN PAR	RT Ira
S I THE S	CERTIFICATION	90 DATE OF OPERATION	MI CONDI	TION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIR	NDINGS USED
A State of the sta	RTIFIC	9/22/82		rtrochan	teric		YES NO NO	IN CERTIFYING CALL YES	NO 🗌
OF VI		210 AGCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DA	Y YEAR	27 HOW INJURY OCHUR	RED CENTER NATURE OF INJURY	Y IN ITEM 18 PART I OR PAR	T 2)
VISION  G PHYSK  G PHYSK  er this ce s' the buring  ond Men  ked or the	MEDICAL	214 INJURY OCCURRED	21e PLACE			211 LOCATION STREET	CITY OR TOW	vn COUNT	TY STATE
DIVIS or atte After e os th olth or morke	-	WHILE NOT WHILE 22a.I certify that (I) (this hosp				190	10-6	10\$ 2	
Spital Spital CTOR: for us of Hee 21 is		saw the deceosed alive a			32 , an	d that in (my) (aur) apinion	deoth occurred on the day	te and hour and fram	the causes stated
OR A he hos DIREC Doched Dept		276 SCHATURE	Th.	1.	1 h	ATTENDING	MEDICAL STAFF		TATE SIGNED
HOSPITAL med by the FUNERAL UID be detail of the Stote ORTANT:		22d. PHYSICIAN'S NAME (TYPE		0	1111	22e ADDRESS		an   /U	1.4.05
TO HOSPITAL ( retoined by the TO FUNERAL [ should be deto with the Store [ IMPORTANT:		Richard F				Easton,			
BP		BURIAL, CREMATION, REMOVA (SPECIFY)  Cremation	23b. DATE 10 - 78-			emetery or crematory va Cremator	23d. LOCATION CITY OF TOWN	COUNTY	x Del.
DHMH - 16 50M 1/81	24 F	UNERAL DIRECTOR	110-10-	ADDRESS	Imal	Va CIEMALOI	Lewes	Sussex	
(VRA 15, 4)	1	Vewnam Funer	al Home		Md		TI O BUL	Jours	- many

//	1.	FOR STATE		DEPART		EALTH AND MENTAL HYD	HENE 8	2 2	14	2
the state of the s		REGISTRAR  CEASED NAME FIRST V  COPPRINT)	Villiam 1/14 m	Malter Walter	Lawr	ênce Willis	RI 2a. DATE OF DEA	EG. NO.	DAY YEAR	26 HOUR
r death	3. SE		4. RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS)	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24
30		Male	White		Jun	e 23°,1918 ***	64	YRS.	MONTHS DAYS	HOURS
4	7a. B	RTHPLACE   STATE OR FOREIGN		F WHAT COUNTRY?	1.	DE NEVER MARRIED	9. BALTIMORE C		Y OF DEATH	
1 3		Md.	U.S.A		WIDOW	DIVORCED	1.0	TALBO	+	
78		EASTON		UCH FACILITY, GIVE STREET		or other institution	120. USUAL OCC (1YPE OF WORK FOR Tire de	UPATION MOST OF WORKING LI Paler	IPE) INDUSTRY	F BUSINES
should be	USU	AL RESIDENCE (IF NURSING HOME STATE THE COL	ROTHER INSTITUTION	136. CITY OR TOW Grasonvi	/N	13d. INSIDE CITY LIMITS? YES A NO	13. STREET ADDI	RESS 0x #139		
V /2	14. F/	ATHER'S NAME	WIDDIE			15 MOTHER'S MAIDEN NA	ME	DOLE	1461	
1:10		William I	J 0	Willis		Laura			Foge	2
Z de lico		VAS DECEASED EVER IN U.S. A	ARMED FORCES			17. INFORMANT			p 21638	
		no		217-09-2		Emily Aaron	Willis, Ki	#1 Box#		
emoval.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one couse p	er line for (a), (b), on	d (c).)					MATE INTERVA
or remo			ATE CAUSE (a)_	CARS	DIAC	. ARRE	5,5		1000	n EDI
other other					ENCE OF					
or or	NO	PART 2. OTHER SIGNIFICANT	( (c)_	CONTRIBUTING TO I		NOT RELATED TO THE TERM	NINAL DISEASE OR	CONDITION GIV	VEN IN PART 110	
ne prior to buriol	TIFICATION		CONDITIONS	CONTRIBUTING TO I	DEATH BUT		200 AUTOPSY	? 20b. IF YE	VEN IN PART 110	GS USED
me prior to buriol ws ony injury, or	CAL CERTIFICATION	PART 2. OTHER SIGNIFICANT	19b. CON	DITION FOR WHICH	OPERATIO		20a AUTOPSY	? 20b. IF YE IN CERTI	S, WERE FINDIN IFYING CAUSES ES []	GS USED OF DEATH
burtol-fronsit permit. Then plet I Mentol Hygiene prior to buriol or Item 18 shows ony injury, or	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF D	19b. CON  19b. CON  19b. CON  19b. CON  21b. TIME HOUR  4ER)  21e. PLAC	OF INJURY A.M. MONTH D.	OPERATIO  AY YEAR  19	N WAS PERFORMED	200 AUTOPSY YES NO	? 20b. IF YE IN CERTI	ES, WERE FINDIN IFYING CAUSES ES  PART   OR PART 2)  COUNTY	GS USED OF DEATH NO
Annual Hygiene prior presents and the state of the state	-	PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a. I certify that (I) (this has	19b. CON 19b. CON 19b. CON 21b. TIME HOUR 4ER) 21e. PLAC (AT HOME.	DITION FOR WHICH  OF INJURY A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY, OFFICE, F	OPERATIO  AY YEAR 19  PARM, ETC.)	211. HOW INJURY OCCUR	200 AUTOPSY YES NO RED (ENTER NATURE)	? 206. IF YE IN CERTI YI OF INJURY IN ITEM 18.	S, WERE FINDING CAUSES ES  PART I OR PART 2)  COUNTY	IGS USED OF DEATH NO
tor use as the butto-monstir permit. Then precond the property of Health and Amenia Hygiene prior to buttol 21 is morked or them 18 shows ony injury, or	-	PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (## EITHER, NOTEY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOTEY MEDICAL EXAMIN AT WORK NOTEY HOT WHILE AT WORK NOTEY HOT WHILE AT WORK SOW the deceased olive of sow the deceased olive of sow, (1) (we) (did) (did)	19b. CON 19b. CON 19b. CON 21b. TIME HOUR 4ER) 21e. PLAC (AT HOME.	DITION FOR WHICH  OF INJURY A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY, OFFICE, F	OPERATIO  AY YEAR  19  FARM, ETC.)	21t. HOW INJURY OCCUR 21f. LOCATION STREET 2 19 52	200 AUTOPSY YES NO RED (ENTER NATURE)	? 20b. IF YE IN CERTI YI OF INJURY IN ITEM 18.	S, WERE FIND IN IFYING CAUSES ES  PART I OR PART 2)  COUNTY  19 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	STA
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	1.	FOR - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 2 2 REG. NO.	7 4 2 9
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(M)	3. SE	× FEMALE	4. RACE WHITE	5. DATE OF BIRTH DEC. 28, 1915	6 AGE (IN YEARS LAST BIRTHDAY)  66 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
death. Pag		RTHPLACE (STATE OR FOREIGN COUNTRY) VIARYLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	OF DEATH
s ofter death. by the funeral lited within 72	10 C	Easton	11. NAME OF HOSPITAL, NURSIN MEMOYIR HOSPITAL, GUESTREET MEMOYIR HOSP	GHOME OR OTHER INSTITUTION ADDRESS! AT LASTON	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	126 KIND OF BUSINESS OF INDUSTRY HOME
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rtificate be execut physician and co an papers. Pages 1 emaval. event, the medical		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU (FE WAR OR DATES) 21. 5-20-			EAVITT ARYLAND 216
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Helfenbein-Hubbard Funeral Home P.A.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

CERTIFICATE OF DEATH

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